



Headquarters
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***Army Regulation 608–10**

Effective 11 May 2026

Personal Affairs
Child, Youth, and School Services

By Order of the Secretary of the Army:

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Official:

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History. This publication is an mandated revision. The portions affected by this mandated revision are listed in the summary of change.

Authorities. This publication implements DoDI 6060.02 and prescribes policy and sets forth responsibilities for all aspects of the Army Child, Youth, and School Services.

Applicability. a. This regulation applies to— (1) The Regular Army. (2) The U.S Army Reserve on active duty, active duty for training, or special active duty for training (30 days or more duration). (3) The Army National Guard of the United States on active duty, active duty for training, or special active duty for training under title 10, United States Code (30 days or more duration). (4) Members of other uniformed services (and their families) assigned to Army installations. (5) Others entitled to care in medical treatment facilities. b. This regulation does not apply to members of the U.S Army Reserve performing inactive duty training or to members of the Army National Guard of the United States on performing duty in a State status under Title 32, United States Code.

Proponent and exception authority. The proponent of this regulation is the Deputy Chief of Staff, G–1. The proponent has the authority to approve exceptions to this regulation that are consistent with controlling law and regulation. Proponents may delegate this approval authority, in writing, to a division chief within the proponent agency in the grade of colonel or the civilian equivalent.

Army internal control process. This regulation contains management control provisions in accordance with AR 11–2, but does not contain checklists for conducting management control reviews. Alternative management control reviews are used to accomplish assessment of management controls.

Suggested improvements. Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) directly to the Deputy Chief of Staff, G–1 at usarmy.pentagon.hqda-dcs-g-1.mbx.publication-management@army.mil.

Distribution. This regulation is available in electronic media only and is intended for the Regular Army, the Army National Guard/Army National Guard of the United States, and the U.S. Army Reserve.

*This regulation supersedes AR 608–10, 11 May 2017.

Summary of Change

AR 608–10
Child, Youth, and School Services

This mandated revision, dated 11 May 2026—

- Changes the title from Child Development Services to Child, Youth, and School Services (title page).
- Removes instructions for completing DA Form 5246 (Child Development Services (CDS) Program Report) (app C).
- Removes obsolete Department of the Army forms (throughout).
- Changes Assistant Chief of Staff for Installation Management and U.S. Army Community and Family Support Center language to Deputy Chief of Staff, G–1 (throughout).

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Glossary of Terms

Chapter 1 Structure and Policy

Section I

General

1–1. Purpose

This regulation prescribes policy and procedures for establishing and operating Army Child Development Services (CDS).

1–2. References, forms, and explanation of abbreviations

See appendix A. The abbreviations, brevity codes, and acronyms (ABCAs) used in this electronic publication are defined when you hover over them. All ABCAs are listed in the ABCA directory located at <https://armypubs.army.mil/>.

1–3. Associated publications

This section contains no entries.

1–4. Responsibilities

Responsibilities are listed in chapter 2.

1–5. Records management (recordkeeping) requirements

The records management requirements for all record numbers, forms, and reports required by this publication are prescribed in AR 25–400–2. Approved Army records control schedules are available on the National Archives and Records Administration website at <https://www.archives.gov/records-mgmt/rcs>. Retention schedules for Army users are located on the Records Management Division SharePoint Site at <https://armyeitaas.sharepoint-mil.us/sites/HQDA-CIO-ISES-RMZ/SitePages/Director-Army-Records-Management-Directorate.aspx>. Refer to AR 25–400–2 for detailed records management requirements.

1–6. Child Development Services program objectives

The objectives of Army CDS are to—

- a. Promote the quality of the force by—
 - (1) Supporting readiness by reducing lost duty time due to conflict between parental responsibilities and unit mission requirements. Child development programs will, in priority order—
 - (a) Assist DoD military and civilian personnel working parents or full-time students parents of children under the age of 6, to locate at least one affordable option for quality child care.
 - (b) Assist DoD military and civilian personnel who are working parents or full-time student parents of school-age children in locating at least one affordable option for quality child care.
 - (c) Expand the availability of care through use of resource and referral (R&R) programs to quality affordable options both on and off the installation.
 - (d) Whenever possible, support the needs of personnel for hourly care and part-day preschool programs in facilities and programs other than the Child Development Center (CDC).
 - (2) Promoting military retention by providing services that increase Soldier satisfaction with the Army as a way of life.
 - (3) Contributing to the quality of life and well-being of families in the command with young children.
- b. Support parental child-rearing responsibilities by providing developmentally appropriate quality care options for children.
- c. Operate using measurable standards and compliance assurance procedures to ensure that continuity and consistency of CDS operations exist Armywide.
- d. Contribute favorably to the growth and development of children while they are in the Army's care.
- e. Support Service families in their effort to attain economic self-sufficiency by providing accessible and affordable child care for working parents.
- f. Provide employment and career advancement opportunities within CDS programs for military and Department of Defense (DoD) civilian family members.

g. Support community activities in their effort to improve the quality of life by providing accessible and affordable child care for community volunteers.

1-7. Criteria for establishing Child Development Services delivery systems

a. The need for CDS for military members and DoD civilian employees will be determined by local needs and such factors as—

- (1) The number of military and civilian personnel needing child care services.
- (2) The need to support readiness and to address military child care during deployments, mobilization, and other missions of the military installation.
- (3) Problems in recruitment or retention of military and civilian personnel resulting from a lack of child care services.
- (4) Absenteeism or productivity problems that could be alleviated by reliable child care services.
- (5) Availability of comparable services at comparable rates in the private sector.

b. Army CDS delivery systems should be established at installations that—

- (1) Are not tenants or satellites of a host installation.
- (2) Authorized families to join their sponsors.
- (3) Have a total installation population of 1,000 or more.

c. The establishment of a CDS delivery system(s) is strongly recommended and is authorized at installations that may not meet one or more of the conditions in a above if—

- (1) Off-post child care resources are limited.
- (2) The complexity of social problems requires special programming.
- (3) Off-post child care is too costly.

d. This regulation does not apply to the care given to children—

- (1) In the home of, or by the parent, guardian, or relatives.
- (2) By individuals providing short-term intermittent care in their homes when care does not exceed a total of 10 child hours per week on a regular basis.
- (3) By an individual in the child's home.
- (4) By DoD schools.
- (5) In public school programs.

e. With exception of required CDS adult/child ratios and background check requirements, this regulation does not apply to the care given to children—

(1) In chapel settings where care is limited to short periods while parents are in attendance at religious services or related functions on the premises or immediately accessible to child activity spaces where care is being given.

(2) In religious education programs of limited duration, such as vacation Bible school.

1-8. Child eligibility criteria

a. Active duty military personnel, appropriated funds (APF) and nonappropriated funds (NAF) DoD civilian personnel, reservists on active duty or during inactive duty personnel training, and DoD contractors are eligible to use all Army operated or sponsored child development programs (CDC, Family Child Care (FCC), and Supplemental Programs and Services (SPS)).

(1) Each senior commander will establish a written priority system which clearly states military and civilian access to CDS programs. This written policy will be available to all eligible patrons who want to enroll their children in installation operated or sponsored child development programs. The written policy should consider the installation mission and demographics when determining military and civilian access.

(2) The installation policy will give first priority for child care to active duty military and DoD civilian personnel who are either single parents or parents whose spouse is employed on a full-time basis outside the home or is a military member on active duty. Spouses may be military members on active duty, employed full-time outside the home by a Government agency or a private sector employer, or full-time students. Senior commanders will determine on a case-by-case basis whether spouses employed on a full-time basis but working within the home will be included in the full-time working parent patrons category.

(3) First priority patrons (paragraph 1-6a(2) above) will be referred to as full-time working parent patrons in policy documents.

(4) Policies for full-time working parent patrons must be based on one of the following categories. The installation will—

(a) Serve all full-time working parent patrons on a first come, first served basis; or

- (b) Serve all full-time working parent patrons who are single parents first, then all active duty military and DoD civilians with a working spouse second, or vice versa; or
 - (c) Serve all full-time working parent patrons who are single parents on active duty and all active duty military with a working spouse first, then all full-time working parent patrons who are DoD civilians and DoD civilians with a working spouse second or vice versa;
 - (d) Serve all full-time working parent patrons on a military/civilian percentage basis, allotting child care spaces to military and civilian patrons which reflect the percentage of the total military and civilian workforce on the installation; or
 - (e) Serve all full-time working parent patrons assigned/attached to the installation before serving full-time working parent patrons who are not assigned/attached to the installation; or
 - (f) Other combinations of first priority full-time working parent patrons.
- b. At least 80 percent of the existing operational capacity of CDC facilities will be used for full-day and part-day care if there is an excess demand waiting list for either type of care. Use of this space for part-day preschool, school-age before and after school or hourly care programs is restricted to 20 percent of the existing operational capacity. Part-day preschool, before and after school and hourly care programs may be offered in other suitable facilities.
 - c. When the number of full-time working parent patrons on the excess demand waiting list exceeds 15 percent of the existing CDS operational capacity, the senior commander will expand full-day child care spaces both on and off the installation by:
 - (1) Actively recruiting for more FCC and or SPS providers; or
 - (2) Increasing the installation CDS R & R services to locate viable off-post child care options; or
 - (3) Contracting for spaces in off-post programs.
 - d. A child already attending a program generally should not be displaced to allow room for a child with higher priority.
 - e. Written installation policies are available which address priorities for service and procedures for filling child care spaces. The most current procedural guidance on waiting list management from Headquarters, Department of Army (HQDA), to include sibling priority and placement of special needs children, will be followed.

Section II

Overview

1-9. Child Development Services concept

- a. CDS is a network of child care delivery systems through which the Army provides quality child development options that reduce the conflict between parental responsibilities and unit mission requirements. Increasing numbers of sole and dual military parents, coupled with an increase in working spouses and the frequent relocation of Service families, have combined to increase demand for child care.
- b. Soldiers look to the military establishment to provide services that assist parents in their child-rearing responsibilities. The military family does not have the stability of an established neighborhood or the proximity of relatives to allow for a constant and reliable child care plan. Off-post civilian programs are often inaccessible, unaffordable, and have limited operating hours. Most private child care operations do not provide care for infants or toddlers, have no hourly services, and have waiting lists for vacancies. Off-post family day care homes are often not licensed or certified and may be unmonitored for health, safety, and quality of service factors.
- c. CDS is designed to assist commanders in fulfilling their morale and welfare responsibilities to soldiers and their families. CDS should identify child care needs and coordinate installation resources to meet service demand. To effectively accomplish this task, command commitment to and involvement in CDS operations is essential.
- d. Child care is not considered an entitlement, CDS is offered as a supplement to, not a substitute for the family as the primary agent for the care and development of the child. Quality CDS options can strengthen and sustain child and parent relationships. However, the Army and parents should work together to ensure that these options for care will exist.
- e. CDS offers care options with various types of service, locations, hours of operation, and fee schedules that are responsive to the needs of military families living both on and off-post.
 - (1) CDC services within centralized installation facilities offer closely monitored, structured group experiences relevant to the age and development of the child.

(2) FCC homes within Government owned or leased quarters, or privately owned housing on an installation offer a family atmosphere with a limited number of children, flexible hours, and the capability of addressing special requirements.

(3) SPS increases child care capabilities by providing on and off-post alternative child care programs and support services.

1-10. Child Development Services policy

- a. CDS is a basic family program.
- b. Services offered will support mission requirements and Army quality of life standards.
- c. Senior commanders are authorized to provide full-day, part-day, and hourly services in CDCs, FCC homes, and in SPS delivery systems as needed. Services provided should reflect assessed needs for infant, toddler, preschool-age, and school-age care.
- d. Services will be responsive to needs of patrons living on and off-post.
- e. All FCC within Government owned or leased quarters or privately owned housing located on an installation must occur in CDS certified FCC homes.
- f. Facilities used by center-based programs, designated SPS settings, and family housing units certified for quarters-based care must meet DoD and Army CDS standards.
- g. All CDS program operations will be developmental in nature with appropriate staff, facilities, equipment, and materials, and program experience. Care provided to children will foster and develop a child's physical, intellectual, social, and emotional capabilities regardless of the setting or length of time in care.
- h. All programs offered within CDS will be staffed with professionally qualified child development management personnel, trained caregiving employees, FCC providers, and other caregiving adults.
- i. The dissemination of religious information (such as grace) or materials is prohibited as well as providing program activities that teach or promote religious doctrine. Programs operated by chaplains, and programs conducted in FCC and SPS provider homes are exempt from this restriction.
- j. Services within the CDS delivery systems will be available and affordable to all eligible patrons.
- k. All program operations within CDS delivery systems will be evaluated annually by an internal review and evaluation process.
- l. Delivery of services will be provided directly through Army operated or regulated programs and/or through public agencies and independent contractors. Regardless of the nature of service delivery provided, the CDS coordinator position will be maintained at the installation to monitor all services for compliance with pertinent regulations.

1-11. Child Development Services organization

- a. CDS will be established as a separate, but equivalent, program to Army Community Service (ACS) and Youth Services (YS) located within the Family Support Division within the standard installation organization.
- b. Installation programs and services should be organized within the service delivery systems shown in figure 1-1.

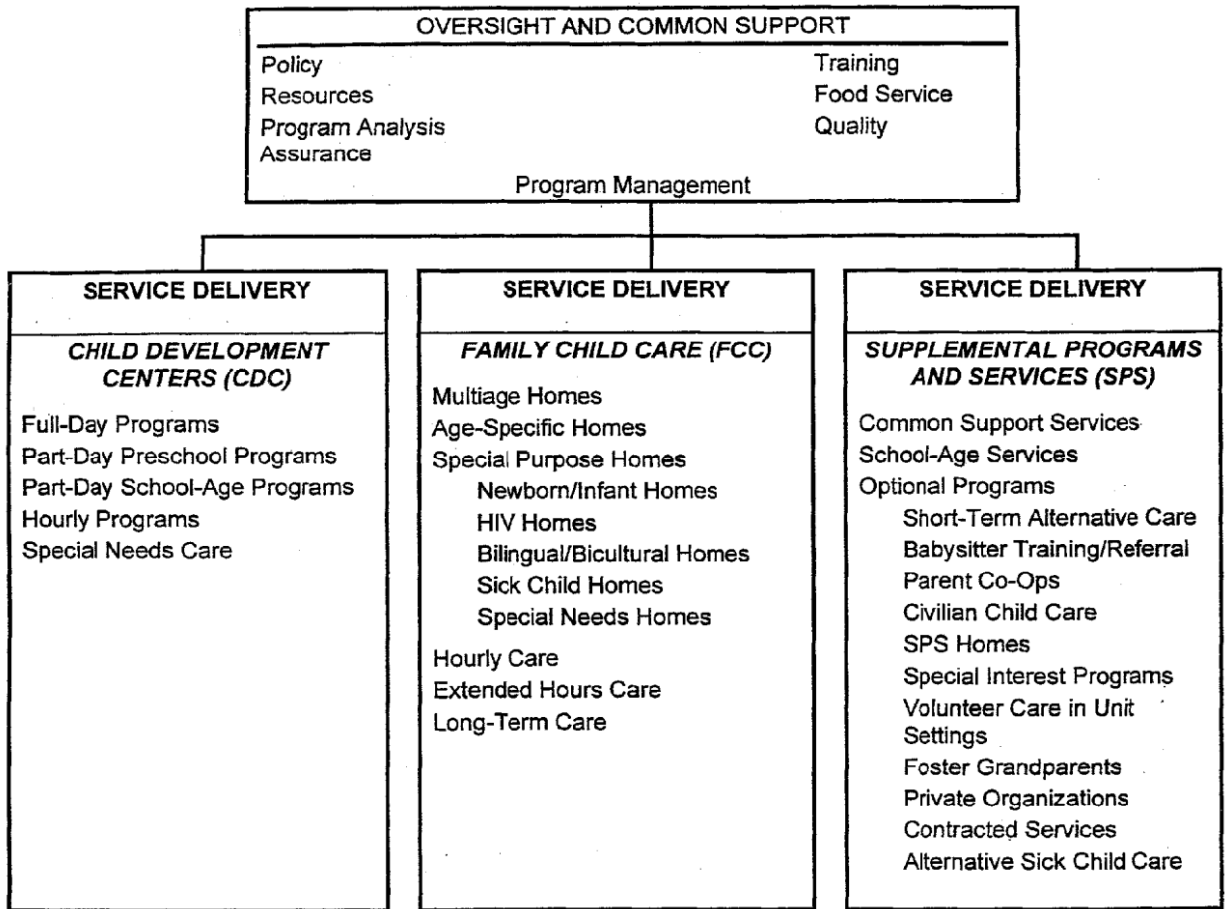


Figure 1-1. Army Child Development Services

Chapter 2 Program Oversight

Section I

Responsibilities

2-1. Headquarters, Department of the Army

a. The Deputy Chief of Staff (DCS), G-1 (DAPE-PDY) has overall responsibility for policy guidance in implementing CDS. The DCS, G-1 will perform the following functions:

- (1) To the extent permitted by law, formulate DA policy on CDS using the criteria shown below:
 - (a) Does the action strengthen or erode the stability of the family and, in particular, the marital commitment?
 - (b) Does the action strengthen or erode the authority and rights of parents in the education, nurture, and supervision of their children?
 - (c) Does the action help the family perform its functions or substitute Governmental activity for the function?
 - (d) Does the action increase or decrease family earnings? Do the proposed benefits of the action justify the impact on the family budget?
 - (e) Can the activity be carried out by a lower level of Government, or by the family itself?
 - (f) What message, intended or otherwise, does the program send to the public concerning the status of the family?

- (g) What message does the program send to young people concerning the relationship between their behavior, their personal responsibility, and the norms of our society?
- (2) Ensure HQDA CDS personnel are professionally qualified.
 - (3) Identify CDS needs and resource requirements to Army leadership.
- b. The DCS, G-1, Child, Youth and School Services Division will—
- (1) Establish and maintain plans, policies, administrative procedures, program materials, and operational guidance for CDS delivery systems.
 - (2) Define professional standards for CDS program development and operation.
 - (3) Develop and publish minimum standards as defined by appropriate Department of Army (DA) staff proponents for fire, health, facilities, safety, and prevention of child abuse.
 - (4) Develop and approve functional design requirements for CDS facilities in coordination with the Office of the Chief of Engineers (CEEC-EA) and the DA Facility Standardization Subcommittee for CDS Facilities.
 - (5) Exercise program oversight of CDS Military Construction, Army (MCA) Program and upgrade or waiver status of existing facilities.
 - (6) Develop and approve program materials to address special needs programs, nutrition, health, and child abuse in child development settings from a CDS operational perspective.
 - (7) Develop an Armywide comprehensive CDS standard training plan for all levels of CDS employees and FCC providers.
 - (8) Support training workshops sponsored by Army commands (ACOMs) for installation CDS personnel.
 - (9) Visit, monitor, and provide technical assistance to ACOMs and installations.
 - (10) Approve and monitor CDS programs and facilities for participation in the United States Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP).
 - (11) Coordinate and submit CDS resource requirements through program and budget channels to include oversight of CDS Management Decision Package (MDEP) execution.
 - (12) Distribute CDS resources as required to ACOMs.
 - (13) Consult and coordinate with related activities within DoD as well as other agencies and organizations to broaden input on CDS policy issues.
 - (14) Develop guidance for statements of work for contracting the management and operation of CDS Programs.
 - (15) Function as the proponent for CDS issues and initiatives in support of the Army Family Action Plan, General Accounting Office studies, Congressional inquiries and special actions.
 - (16) Coordinate and monitor research efforts and initiatives impacting CDS programs.
 - (17) Develop and implement a quality assurance system in coordination with ACOMs to assess program effectiveness, quality of service, and the efficiency of overall CDS operations.
 - (18) Collect and analyze ACOM and installation CDS data for compliance with DoD and Army program and facility standards, and determine resource requirements, program trends, and initiatives that have an impact on CDS policy.
 - (19) Conduct periodic announced and unannounced on-site inspections with Army Staff (ARSTAF) regulatory proponents to determine installation compliance with policy fire, health, nutrition, safety, program, child abuse, and facility structural standards; and report findings as directed to DCS, G-1, the Assistant Secretary of the Army for Manpower and Reserve Affairs ASA(M&RA), and the Deputy Assistant Secretary of Defense (Family Support, Education and Safety).
 - (20) Write and distribute an Army CDS Resource List annually.
- c. The Surgeon General (DASG-PSP) will—
- (1) Develop CDS health standards and related health aspects of CDS and oversee implementation of nutrition standards.
 - (2) Provide professional services and technical assistance required to support CDS programs to include preventive medicine and community health nursing personnel, pediatricians, and child psychiatrists.
 - (3) Staff policy related to health, nutritional, environmental, and sanitation aspects of CDS facilities and program operations.
- d. The Director of Army Safety (DACS-SF) will—
- (1) Develop CDS safety standards.
 - (2) Provide technical assistance relative to the safety aspects of CDS facilities and operations.

e. The Judge Advocate General (DAJA–ALG) will provide legal advice as necessary. The Command Judge Advocate U.S. Army Community and Family Support Center will provide primary legal advice and assistance to CDS.

f. The Chief of Engineers (HQ, USACE) (CEEC) will—

(1) Develop CDS facility and fire standards.
(2) Provide technical guidance on all design and construction matters concerning CDS facilities including site, building, and utilities.

(3) Issue design guides, standard designs, and supplementary criteria as issued in the Army Standard and the Army Standard design criteria (CDCU6) and requirements for constructing and renovating CDCs.

(4) Review and approve projects submitted on DD Form 1391 (Fiscal Year Military Construction Project data) for technical accuracy and conformance with prescribed criteria, cost engineering requirements and DA policy and guidance.

g. The Director, U.S. Army Criminal Investigation Division (USACID) will—

(1) Support requirements for background investigations for CDS personnel.

(2) Monitor the process for thoroughness, effectiveness, and prompt response.

h. The Commander, United States Army Force Integration Support Agency (USAFISA) will—

(1) Provide manpower management and table of distribution and allowance (TDA) documentation assistance for CDS programs throughout the Army including updating or publication of staffing criteria for CDS programs.

(2) Provide guidelines on APF and NAF staffing patterns.

2–2. Commanders of Army commands, Army service component commands, and direct reporting units

Commanders of ACOMs, ASCCs, and DRUs will—

a. ACOM commanders are responsible for the management and operational supervision of installation CDS programs. They will—

(1) Establish CDS staff positions or designees and major subordinate command levels to interpret program policy and oversee CDS programs within the command.

(2) Ensure CDS management personnel, or designees are professionally qualified and that grade level ratings show levels of responsibility and complexity of duty assigned.

(3) Coordinate with resource management concerning allocation of CDS resources to installations.

(4) Ensure CDS management personnel and the regulatory proponents for health, facilities, fire, safety, child abuse, and legal matters coordinate regularly with HQDA counterparts. (Note: This will ensure that remain apprised of current policies and have access to guidelines and resource materials issued for use in interpreting program policy.)

b. CDS management personnel or designees will—

(1) Establish and review CDS program policy.

(2) Oversee installation implementation of HQDA guidance and requirements; and provide technical assistance to ensure compliance with CDS standards.

(3) Conduct periodic on-site technical assistance visits. Conduct periodic unannounced inspections with regulatory proponents as part of the Military Child Care Evaluation Team (MCCET) for installation compliance with policy, fire, health, nutrition, safety, program, child abuse, and facility structural standards; and report findings to the Senior commanders and DCS, G–1 (DAPE–PDY) as directed.

(4) Sponsor training opportunities and resources for installation CDS personnel.

(5) Collect and analyze installation CDS reports and resource requirements.

(6) Coordinate and submit installation CDS resource requirements through program and budget channels to HQDA.

(7) Review requirements for installation CDS services through needs assessment and demographic surveys and realign or expand services as reflective of installation needs.

(8) Coordinate installation CDS pilot projects and research studies with DCS, G–1 (DAPE–PDY).

(9) Inform DCS, G–1 (DAPE–PDY) of innovative ACOM and installation program efforts.

(10) Distribute to the field and ensure compliance with most current procedural guidance from HQDA.

c. ACOM Chief of Engineers will—

(1) Review and approve functional requirements, project formulation control data, initial project design data, and concept and project design control data.

(2) Ensure that economic analysis of all feasible alternatives is prepared to justify and identify construction projects before the projects are presented to HQDA in the ACOM submission. Ensure that the required economic analysis is included in the special requirements paragraph 1 of the DD Form 1391 with projects submitted to HQDA.

(3) Review installation DD Form 1391 to ensure that proposed sitings are consistent with the approved ACOM master plan.

2-3. Senior commanders

a. Senior commanders are responsible for the management and operational supervision of all programs and services within CDS delivery systems. They will—

(1) Ensure authorization and assignment of qualified installation personnel to provide effective CDS delivery systems to accomplish the mission.

(2) Ensure that CDS management personnel at the installation level are professionally qualified, that management personnel have child development related administrative program experience, and that personnel grade level ratings reflect level of responsibility and complexity of duty assignment.

(3) Identify installation CDS needs and resource requirements to ACOM.

(4) Provide installation CDS report data and resource requirements to ACOM and DCS, G-1 (DAPE-PDY).

(5) Allocate resources and approve priorities for the allocation of resources within CDS to meet installation needs.

(6) Ensure that CDS personnel receive training as required.

(7) Ensure that all programs and activities falling under CDS are monitored by the CDS coordinator and assessed for regulatory compliance.

(8) Approve installation nominees for participation on the Installation Child Care Evaluation Team (ICCET) and support ICCET recommendations to improve CDS programs.

(9) Ensure that installation agencies support CDS oversight and technical assistance requirements including actions needed for CDS personnel background clearances.

b. The CDS coordinator will—

(1) Supervise, monitor, or function as a contracting officer representative for all activities, contractors, and individuals, providing child care on property controlled by the U.S. Army unless exempted by this regulation.

(2) Report noncompliance with standards to the installation and ACOM commanders.

(3) Act as the point of contact (POC) for all issues and actions concerning CDS.

(4) Develop and execute budget documents to address short and long-term CDS program needs.

(5) Review community demands for child care services through periodic needs assessments, surveys, and operational data studies; and establish a full range of systems to address requirements.

(6) Act as the final CDS authority for CDC, FCC, SPS, Training Specialist (TACS), administrative, and resourcing actions.

(7) Act as POC and assist Director of Engineering and Housing (DEH) in preparation of the DD Form 1391, a project development brochure, and economic analysis to adequately support and validate construction requirements.

(8) Coordinate the annual internal assessment conducted by the installation ICCET.

(9) Implement most current procedural guidance from HQDA.

c. The health consultant(s) as designated by Medical Department Activity or Medical Center (usually the health nurse for nutrition and health, and the environmental science officer for environmental and food sanitation) will—

(1) Consult on standing operating procedures (SOPs) developed by the CDS coordinator to meet program health requirements.

(2) Monitor the health, nutritional, environmental, and food sanitation aspects of child development programs in coordination with the appropriate medical treatment facility (MTF) staff on a monthly basis in centers; and conduct FCC home inspections as specified in paragraph 6-40.

(3) Act as POCs for all issues and actions regarding the overall health program within CDS.

(4) Coordinate meal planning and nutrition education aspects of CDS programs in collaboration with the MTF dietitian.

(5) Provide and/or approve education and instructional content for training of CDS personnel in health related matters.

- (6) Serve on the CDS ICCET.
- (7) Coordinate veterinary services as required for pets involved with CDS.
- (8) Ensure all foods are procured from approved sources as prescribed by AR 40–657. (Coordination with the installation veterinarian is required.)
- (9) Confirm outbreaks of disease of public health significance occurring in CDS programs and assist CDS coordinator in reporting such cases (see para 2–20).
- (10) Identify individuals (on or off–post) responsible for providing training and instruction on the administration of medications and caregiving health practices for children with special needs.
- d. The MTF dietitian or designated professional will—*
 - (1) Review all menus used in center–based settings and representative menus in FCC and SPS homes to ensure compliance with USDA nutritional and meal component guidance.
 - (2) Serve on the CDS ICCET.
- e. The safety officer will—*
 - (1) Consult on SOPs developed by the CDS coordinator.
 - (2) Monitor the safety of CDS facilities as a special hazard area and conduct required annual and other inspections.
 - (3) Conduct initial and annual inspections of FCC homes.
 - (4) Provide training to CDS personnel on safety related matters.
 - (5) Serve on the CDS ICCET.
 - (6) Ensure CDCs and FCC homes are entered into installation hazard abatement programs as necessary.
- f. The DEH will—*
 - (1) Develop and submit a CDS construction request (DD Form 1391) as needed.
 - (2) Coordinate all CDS construction and repair work with the CDS coordinator.
 - (3) Maintain and repair CDS facilities, installed equipment, and premises.
 - (4) Serve on the CDS ICCET.
 - (5) Participate as an advisor on actions involving FCC in Government quarters.
 - (6) Work cooperatively with the CDS coordinator to identify and eliminate unauthorized child care occurring in Government housing.
 - (7) Act as an advisor on standards prescribing cleanliness and orderliness in housing units used for FCC homes.
 - (8) Conduct annual on–site structural inspection of each CDS facility.
 - (9) Verify compliance with CDS standards for facility structural/systems, administrative support, and child activity and related areas.
- g. The fire marshal will—*
 - (1) Conduct monthly inspections of CDS facilities and annual inspections of FCC homes.
 - (2) Consult on SOPs developed by the CDS coordinator to meet program fire prevention requirements.
 - (3) Serve on the CDS ICCET.
- h. The Staff Judge Advocate (SJA) will provide guidance on CDS legal matters including liability issues and the application of State, local, and host nation laws to program operations.*
- i. The provost marshal will—*
 - (1) Monitor the security of CDS facilities.
 - (2) Process local civilian law records check.
 - (3) File DD Form 1731 (Serious Incident Report) and consult with CDS coordinator as needed.
 - (4) Address situations involving children left in CDCs, FCC homes, or SPS programs after closing time; and release of children under circumstances where children’s safety or well-being is in question.
- j. The installation Criminal Investigation Division (CID) commander will—*
 - (1) Initiate investigations of allegations of child abuse occurring in CDS delivery systems.
 - (2) Process Crime Records Center checks.
 - (3) Advise the CDS coordinator of any child abuse or other criminal allegations against any CDS employee or FCC provider to allow appropriate management decisions to protect the safety and well-being of children in care.
- k. The Civilian Personnel Officer will—*
 - (1) Obtain a signed release of information for background clearance checks on all applicants for CDS employment.
 - (2) Initiate and follow-up on the following:

- (a) National Agency Checks (NAC or NACI) for all CDS nonappropriated fund and appropriated fund employees.
- (b) CID background information/clearance checks including the Defense Central Investigation Index.
- (c) Military Police background information records checks.
- (d) Local civilian law enforcement agency checks.
- (3) Advise the CDS coordinator on management actions involving employees involved in suspected child maltreatment cases.
- (4) Provide results of checks and references to the Center's program director.
- (5) Ensure CDS employees are hired under appropriate grades using standard position descriptions.
- (6) Ensure CDS employees can receive civilian personnel office (CPO) sponsored training.
- (7) Ensure a qualified pool of applicants for CDS positions.
- (8) Provide timely response to recruitment actions necessary to meet child/staff ratios and management oversight responsibilities.
- (9) Serve on the CDS ICCET.
 - l.* The Alcohol and Drug Prevention Control Program manager will screen records involving CDS employees, CDS volunteers, FCC applicants, and FCC family members for drug and substance abuse, as permitted pursuant to AR 600–85, chapter 6.
 - m.* The Family Advocacy Program Manager (FAPM) will—
 - (1) Work with the chairperson, Family Advocacy Case Management Team (FACMT) and FACMT members to develop an installation SOP that designates a reporting POC (RPOC) and procedures for addressing all child abuse allegations in CDS settings; or identification of any familial child abuse situation involving a child receiving child care services.
 - (2) Provide in-service training on the recognition and reporting of child abuse and neglect in both familial and institutional settings.
 - (3) Coordinate with CDS to provide child abuse prevention training for parents with children enrolled in CDS programs.
 - (4) Coordinate on all CDS SOPs involving child abuse or neglect.
 - (5) Serve on the CDS ICCET.
 - (6) Review and make recommendations on any statement about child abuse and neglect in parent and employee handbooks.
 - n.* The Public Affairs Officer (PAO) will—
 - (1) Handle press releases and publicize special events involving CDS operations (such as, Month of the Military Child, opening of a new facility).
 - (2) Inform DCS, G–1 (DAPE–PDY) through the ACOM of all anticipated or actual media coverage concerning CDS operations for press or television that has the potential for national release.
 - (3) Provide copies of newspaper clippings of adverse publicity concerning child abuse allegations in CDS settings through the ACOM to DCS, G–1 (DAPE–PDY).
 - o.* The chairperson, FACMT will process requests for Central Registry Background Checks for CDS employees, FCC provider applicants, FCC family members, and CDS volunteers.

Section II

Assessment and Compliance

2–4. General

A copy of this regulation and any local supplements concerning programs within CDS, will be maintained at all CDS delivery system offices, CDCs, and SPS settings and will be readily accessible to employees, FCC providers, CDS volunteers, patrons, and command representatives. A summary of FCC regulatory requirements will be distributed to each FCC provider.

2–5. Child Development Services Installation Child Care Evaluation Team Review

a. An annual internal review and evaluation process for all installation CDS programs will be established to substantiate CDS compliance with DoD and Army standards, and to ensure application of regulatory and policy guidance within all CDS delivery systems.

b. The review will be organized and coordinated by the CDS coordinator and conducted by an installation ICCET composed of the following: a local command representative, (for example; Deputy for

Personnel and Community Activities (DPCA), Assistant Director of Community and Family Activities), the CDS coordinator, installation regulatory proponenty representatives, (fire marshal, housing officer, health consultant, CPO officer, FAPM, safety officer, facility engineer, dietitian) a parent and a child development professional from the private sector or from another installation. Additional team members may be designated by the command according to local requirements. The installation inspector general may participate as an observer if requested by the senior commander. The most current procedural guidance from HQDA on the ICCET process will be followed.

c. Materials provided by DCS, G-1 (DAPE-PDY) will be used for the ICCET.

d. The ICCET will identify the following in writing:

(1) The level and quality of services being provided to fulfill the requirements for meeting CDS standards.

(2) The extent to which installation CDS programs are meeting DoD and Army standards.

(3) The areas of strength and those needing improvement.

e. The ICCET will brief findings to the senior commander.

f. The ICCET will develop an action plan to be approved by the commander to correct deficiencies and improve or expand program services.

g. Information derived from the ICCET will support reporting requirements specified in section IV, paragraphs 2-18 through 2-20.

h. The ICCET may occur in conjunction with an IMCOM or HQDA staff assistance visit.

i. ICCET findings, recommendations, and corrective action initiatives will be maintained on file at the installation and provided to higher headquarters upon request (see paras 5-54 and 6-52).

2-6. Child Development Services program compliance and oversight

a. All programs applicable under this regulation will be monitored through unannounced, on-site inspections by higher headquarters to ensure compliance with DoD standards for child care programs and Army CDS program and facility standards. DoD certification will be accomplished with DCS, G-1 and IMCOM guidelines.

b. The quality of service, efficiency, and effectiveness of all operations monitored by CDS will be assessed by higher headquarters for compliance with regulatory guidance.

c. All health, fire, facility, and safety requirements will be monitored by installation proponents according to the frequency specified by this regulation.

d. Installations determine the frequency and type of monitoring needed by regulatory proponents in addition to those specified within this regulation.

2-7. Crimes prevention surveys

The CID Command will conduct a Crimes Prevention Survey at any installation, whenever circumstances indicate that CDS program conditions could be conducive to criminal activity or impact negatively on the health, security, and well-being of children in care.

2-8. State licensing

State licensing of Army CDCs, FCC homes, and SPS programs is permitted in addition to, but not in lieu of, compliance with this regulation.

2-9. Patron satisfaction

a. Written guidelines will be established addressing procedures for parents who wish to submit a complaint or concern.

b. Program directors in all CDS delivery systems will conduct patron satisfaction surveys, at a minimum on an annual basis and establish a follow-up plan for addressing areas of dissatisfaction as appropriate.

c. Patron satisfaction survey formats have been developed for installation use and are available from DCS, G-1 (DAPE-PDY).

2-10. Child Development Services Program Review Board

A CDS Program Review board (PRB) may be established to address or make recommendations on situations and issues which include multiple proponents, or on CDS operational issues which can be broadly interpreted.

2-11. Exceptions to policy

a. Exceptions to existing criteria may be requested only when alternative methods of compliance do not endanger the safety or well-being of the children in care. Exceptions will only be granted when the intent of the standard can be met by means other than that specified or stated as an equivalency in the single source criteria. Exceptions to policy are required for the following:

(1) Deviation from regulatory requirements for CDC, FCC, or SPS systems.
(2) New facility construction which deviates from the Department of the Army approved standard/definitive designs for CDCs.

(3) Deviation from design criteria in paragraph 5-27.

(4) Facility deficiencies in existing or renovated CDCs.

b. Requests for exceptions must be made in writing and include the following information:

(1) CDS system and program type (for example, center hourly care, FCC infant/toddler home).
(2) Identification of the unmet single source standard including document source and paragraph.
(3) Description of condition(s) needing alternative equivalency.
(4) Installation proponents involved in request (for example, DEH, community health nurse, safety officer).

(5) Rationale for exception.

(6) Proposed alternative equivalency or compensatory action(s).

(7) Projected compliance date including major milestones (if applicable).

(8) Facility number (if applicable).

(9) A floor plan, and photographic documentation as necessary to ensure complete clarity of request (facility exceptions only).

c. Appropriate installation functional proponents, as well as the commander, must review and sign all exception requests.

d. Approval authority for exceptions to policy will be granted only by higher headquarters as follows:

(1) IMCOM may determine alternative equivalencies upon review of installation data submitted and following documented informal coordination (such as, telephonic, fax with appropriate HQDA proponent(s)) including DCS, G-1 (DAPE-PDY) to ensure consistency and appropriateness of compensatory actions.

(2) In cases where a coordinated resolution between IMCOM and ACC proponents cannot be achieved, the request for exception will be forwarded to DCS, G-1 (DAPE-PDY) who will staff issue for resolution by higher authorities.

(3) Exceptions to life safety criteria will require an on-site visit by IMCOM to installation.

(4) ACOMs will forward copies of all exception approvals (alternative equivalencies) and disapprovals to DCS, G-1 (DAPE-PDY) at usarmy.pentagon.hqda-dcs-g-1.mesg.cyss-regulation@army.mil and ARSTAF proponent simultaneously with release to requesting installations.

e. Alternative equivalencies which are determined by ARSTAF proponents to have Armywide application, will be included in the CDS single source criteria.

f. All requests for waivers (temporary conditions which compensate for non-compliance with established standards/ criteria for a limited specified period of time) must be forwarded by the IMCOM to DCS, G-1 (DAPE-PDY) at usarmy.pentagon.hqda-dcs-g-1.mesg.cyss-regulation@army.mil for approval at the ARSTAF level. Waivers will be granted only under exceptional conditions when installation and IMCOM documentation indicate no alternative equivalency is possible. Waivers are reportable to higher authorities.

g. Responses to requests for exception to policy and waiver approvals will generally be provided within 30 calendar days of receipt by the higher authority.

h. See policy modifications and waiver authority under mobilization and contingency (MAC) planning (see para 4-2c).

Section III

Recordkeeping Requirements

2-12. General

Data or information required for the operation and assessment of all programs and services within Army CDS delivery systems will be collected accurately, promptly, and efficiently.

2–13. Child records

a. Signed copies of the information listed below will be maintained on file for each child within the CDS program facility or FCC home where the child is enrolled. Records will be secured, with accessibility limited only to authorized personnel.

(1) DA Form 5224 (Child Development Services (CDS) Child and Family Profile) provides information that enables CDS personnel and FCC providers to develop programs that meet the developmental and program needs of the child and family. DA Form 5224 will be completed by the parent or guardian and updated annually. DA Form 5224 will be reproduced locally on 8 1/2 by 11–inch paper. A copy of the form for local reproduction is located at the back of this regulation.

(2) DA Form 5225 (Child Development Services (CDS) Medical Dispensation Record) provides information about medication administered by authorized CDS personnel and FCC providers to children while in attendance at a CDS program. This form includes the sponsor's consent for this service and will be completed by the parent or guardian and CDS personnel (see para 4–32). DA Form 5225 will be reproduced locally on 8 by 5–inch card stock, printed head to foot. A copy of the form for reproduction is located at the back of this regulation.

(3) DA Form 5305 (Family Care Plan), or a locally generated form with pertinent information (to include the name, address, and telephone number of the individual named as custodian) from the Family Care Plan (FCP) will be maintained in the CDS central Enrollment Registry for sponsors required to have an FCP as required in paragraph 4–2c.

(4) USDA CACFP enrollment forms determine patron eligibility categories and reimbursement levels for program participation. The forms will be supplied by the USDA State or Regional Office that administers the program for Continental United States (CONUS) installations. Forms will be completed annually by the patron, CDS personnel, and State or Regional USDA officials. USDA CACFP is not available for outside continental United States (OCONUS) locations.

(5) DA Form 4106 (Incident Report) may be used for unusual occurrences, parental complaints, parent conference data, illness, injury, communicable diseases, and so forth.

b. Records specified in paragraph 2–13a(3), or copies of them, will be maintained centrally within the FCC system.

c. Records specified in paragraphs 2–13a(1) and 2–13a(2) or copies of them, will be kept within the appropriate CDS child activity space in each facility or in applicable SPS settings to enable caregiving employees use of information to support child programming needs.

d. Signed copies of records specified in 2–13a(3) will, where applicable, be retained in the CDS Central Enrollment Registry.

e. Records will be duplicated for children enrolled in programs located in separate facilities and updated each year, dating from the day of program enrollment and as needed.

f. Local CDS identification cards showing that the patron has met CDS eligibility and admission requirements are recommended.

g. Copies of children's records involving DA forms are authorized for use within any CDS program and will be given reciprocity by installations to ensure a level of consistency throughout the Army CDS system.

h. Records will be on file as long as a child is enrolled. Copies of the records may be given to parents for use in other program services or upon termination from the program.

i. Records of children who have had a serious accident, injury, or unusual occurrence requiring emergency consultation or treatment at an MTF, will be retained within the CDS system for 3 years after the occurrence.

2–14. Employee records

Individual personnel files for each employee will be maintained within each CDS delivery system. (see para 6–15 for FCC provider records.) Records will be secured with accessibility limited to authorized personnel. Files will include—

a. Name and address, telephone number, training, and other related experiences and qualifications.

b. Employment references, verification of background checks, and medical examinations.

c. Copies of appraisals, awards and promotions, and grievance actions.

d. Copies of notifications of personnel actions.

e. Training records including Individual Development Plan (IDP) forms.

2–15. Program records

The following CDS data will be collected and maintained to allow reporting by individual program and cumulatively, where appropriate, for all CDS delivery systems. Personal information will be secured and access limited.

- a. Operational procedures for implementation of developmental programming to include curriculum guidance and annual plans for CDS employee and FCC provider training.
- b. Description and documentation of CDS employee and FCC provider training in the form of IDPs.
- c. Developmental activity schedules for each program age–group category within center–based CDS programs and a sample representative developmental activity schedule for each FCC and SPS home.
- d. Documentation of serious accidents or occurrences within CDS programs including deaths and major injuries that could precipitate a claim against the Government.
- e. Program assessment report from the ICCET and other investigations.
- f. Documentation of outbreaks of communicable diseases.
- g. Documentation of child abuse allegations and incidents in CDS settings.
- h. Documentation of patron suggestions, complaints, and actions taken.

2–16. Operational records

a. The following CDS data will be maintained and kept current to allow reporting capabilities by individual program and cumulatively for all CDS delivery systems.

(1) Fiscal data such as budget projections, resource management plans, execution statements, and reports.

(2) Personnel data such as documentation of staffing patterns and personnel actions.

(3) Attendance, enrollment, utilization data, and waiting lists.

(4) Facilities maintenance requests and follow-up.

(5) Food service data and USDA reimbursement documentation, if applicable.

b. Child placement data must be available through the Central Enrollment Registry for all CDS programs to maintain current CDS child space vacancy listings for patron referral, program monitoring for ratio and group size, and FCC home group composition compliance.

c. Documentation of staffing patterns and correlating adult/child ratios, and daily activity reports according to local requirements, will be maintained by CDC, SPS programs, and FCC providers.

d. FCC homes and FCC provider certification data, including the status of those homes and individuals being processed, will be maintained by the FCC system.

e. Operational records should be maintained according to AR 25–400–2.

2–17. Child Development Services needs assessment and construction project validation

a. Data required to determine child development construction requirements will be collected by the installation to justify and validate project scope as determined according to CDCU6. Space requirements will be based on waiting list data, needs assessment information, and demographic data collected using the following forms.

b. The CDS coordinator will ensure the sample completed DD Form 1391 is provided to the installation facilities engineer for use in preparation of the form for any CDC project submission.

c. These same procedures will be followed periodically, but at a minimum every 2 years to assess and validate the installation demand for services even if construction is not anticipated. Data will be used as input to the installation 5–year plan.

d. The FCC and SPS systems will be developed to the fullest extent possible prior to submission of the DD Form 1391 request for construction of child care facilities for expansion purposes. Expansion facilities may not be programmed—

(1) In lieu of offering diversified and low cost alternative child care services through the FCC and SPS system.

(2) With the intention of eliminating these care options pending construction of a CDC.

Section IV

Reporting Requirements

2–18. General

The reporting requirements in this section apply to all programs and services within CDS delivery systems.

2–19. Patron reporting requirements

All patrons or users of CDS programs will submit or make available information required for admission and care of their child during the period the child is enrolled in a CDS program. Disclosure is voluntary, however if information is not provided or kept current, individuals may be denied participation in the program.

2–20. Child Development Services operational reporting requirements

CDS management personnel will submit or make available to the command, IMCOM, or HQDA any data or records required to be kept and maintained under this regulation.

a. General.

(1) The CDS coordinator will notify the command of the need for significant administrative, program, or facility changes.

(2) CDS management personnel will notify regulatory proponents (for example, fire, health, safety, family advocacy) concerning—

(a) Results of inspections.

(b) FCC certification denials, suspensions, or revocations.

(c) Financial and operational concerns.

(d) Suspected cases of reportable child abuse and neglect.

(e) Fire and other drills.

(f) Incidents that portray a perceived or bona fide threat to facility security.

(g) Outbreaks of communicable diseases.

b. Reportable outbreaks of communicable diseases.

(1) The CDS coordinator in conjunction with the health consultant will report any case of disease of public health significance, including the following diseases within CDS programs, through IMCOM to DCS, G–1 (DAPE–PDY), within 24 hours of confirmation by the installation medical proponent:

(a) *Giardia Lamblia.*

(b) *Shigella.*

(c) *Salmonella.*

(d) *Hepatitis A.*

(e) *Hemophilus Influenza B (HIB).*

(f) *Tuberculosis.*

(g) Any case of vaccine preventable disease (measles, mumps, rubella, polio, diphtheria, and pertussis whooping cough).

(2) The following information will be provided:

(a) Number and age(s) of children/adults involved.

(b) Date outbreak occurred.

(c) Preventative measures taken.

(d) Treatment administered.

(e) Action taken by environmental health personnel.

(f) Number of children/adults exposed.

(3) Confirmation will be based upon incidence and prevalence data, and or evidence of secondary cases among caregiving adults and children.

c. Serious child injuries, accidents, deaths, and incidents (including those in authorized settings) that could result in a claim.

(1) The program director will notify the installation safety director immediately of any emergency requiring hospitalization or fatal injury and simultaneously inform the CDS coordinator. Serious injuries will be reported within 72 hours. DA Form 4106 will be used.

(2) The CDS coordinator will provide this information through the IMCOM to DCS, G-1 (DAPE-PDY) within 24 hours of notification. See figure 2-1 for an example format.

d. Child abuse/neglect incidents. Telephonic notification by CDS coordinator within 24 hours to IMCOM CDS proponent and DCS, G-1 (DAPE-PDY) of pending child abuse/neglect report being forwarded through Family Advocacy Program (FAP) channels.

e. National media exposure. Notification by the PAO to IMCOM CDS and DCS, G-1 (DAPE-PDY) of anticipated or actual media coverage of CDS operations in press, or on television, that has potential for national release.

Child Development Services Information Paper

- I. General Program Demographics**
 - A. Programs and services offered
 - B. Total children served in FY
 - C. Total sponsors (military and civilian) by rank categories for FY
 - D. Total children of sponsors in CDS age groups/target population
- II. Child Development Center(s)**
 - A. Number of children served by program type
 - B. Total operational hours per week
 - C. Number of buildings/capacity
 - D. Compliance status
 - E. MCA project status
- III. Family Child Care (FCC) System**
 - A. Number of homes/certification status
 - B. Special purpose homes/endorsements
 - C. Resource/toy lending library status
 - D. Number of children served
- IV. Supplemental Programs and Services (SPS)**
 - A. School–Age/Latch Key (SAS) Program
 - B. SPS implementation status
 - C. Number of children served
- V. Staffing Guide Implementation Status**
- VI. Funding.**
 - A. Patron fee structure
 - B. USDA CACFP reimbursement data (CDC and FCC)
 - C. Total appropriated funds (APF) vs nonappropriated funds (NAF) for FY
- VII. Program Initiatives and Innovative Services**

Figure 2–1. Sample Outline for Child Development Services Information Paper

2–21. Child Development Services reporting requirements to parents

CDS management personnel and FCC providers will supply parents with appropriate information relating to the following circumstances:

a. Notification of medical emergency. CDC and SPS management personnel and FCC providers will notify parents immediately of any emergency that requires or appears to require medical attention.

b. Notification of communicable diseases. CDC and SPS management personnel and FCC providers will attempt to notify all parents of susceptible children as soon as possible whenever a communicable disease (for example, HIB, and other vaccine preventable disease) has been introduced into the FCC home, CDC or SPS setting.

c. Notification of acute illness. CDC, SPS management personnel, and FCC providers will notify parents according to local SOP guidance, and determine a care plan for a child who becomes ill while at the FCC home, CDC or SPS setting.

d. Notification of unusual occurrence. CDC and SPS management personnel and FCC providers will notify parents on a daily basis of any occurrence such as minor injury, biting, extreme behavior changes, and major developmental accomplishments involving their child.

e. Notification of excursions. CDC and SPS employees and FCC providers will inform parents and obtain parental signatures for participation before any planned excursions or occasions when the children will be taken off the installation. This will be done regardless of the general permission for excursions, granted prior to a child's admission to care.

f. Availability of information about care. CDC and SPS management personnel and FCC providers will make available to parents information requested concerning operation of the CDS program or the care of their child within a CDS setting.

g. Notification of change in personnel. CDS management personnel will notify parents of major changes in caregiving employees and FCC providers and management personnel particularly those involving the child's primary caregiving adult.

(1) The FCC or SPS provider will inform the children's parents of the names of any approved assistants, substitutes, or other persons who might provide care for their children or be regularly present in the FCC or SPS home.

(2) The FCC or SPS provider should give parents a two-week notice pending termination of provision of FCC or SPS services.

h. Notification of procedural changes. CDS management personnel will notify parents of upcoming major procedural changes (for example, fees, operating hours) at least 30 days prior to implementing change.

i. Religious activities. Prior to enrollment, parent(s) must receive notification by the FCC or SPS provider of the developmentally appropriate religious activities that the provider intends to have the child(ren) participate in while in the provider's home.

Section V

Child Abuse Prevention and Response

2–22. General

a. Caregiving employees and FCC providers will observe children in care for evidence of child abuse and neglect.

b. The CDS coordinator will be a member of the FACMT according to AR 608–18 (obsolete).

c. All allegations of child abuse involving children in care in a CDS setting will be reported to the FAP RPOC and military police or CID as appropriate according to AR 608–18 (obsolete).

d. CDS internal reporting requirements are listed below:

(1) *Child Development Center.* CDC personnel suspecting or observing evidence of child abuse or neglect in a center-based setting will report immediately and directly to the CDC Center director or designee in the absence of the director.

(a) The CDC Center director will be present when information is immediately forwarded to the RPOC and will simultaneously inform the CDC program director and the CDS coordinator of the report provided.

(b) To the extent permitted by the Privacy Act (see AR 340–21), confirmation of action taken will be provided to the individual making the original report of the allegation, by the Center director within 24 hours.

(2) *Family child care homes.* FCC providers, observing evidence of child abuse or neglect of children in an FCC home will report immediately and directly to RPOC and simultaneously inform the FCC director/outreach worker of the report provided.

(a) The FCC outreach worker will immediately inform the FCC director who will inform the CDS coordinator.

(b) To the extent permitted by the Privacy Act (see AR 340–21), confirmation of action taken will be provided to the individual making the original report of the allegation by the FCC director/outreach worker within 24 hours.

(3) *Outreach workers.* FCC outreach workers and TACS observing evidence of child abuse or neglect in an FCC home will report information immediately and directly to the FCC director.

(a) The FCC director will report information immediately to the RPOC and simultaneously inform the CDS coordinator of the report provided.

(b) To the extent permitted by the Privacy Act (see AR 340–21), confirmation of action taken will be provided to the individual making the original report of the allegation by the FCC director within 24 hours.

(4) *Supplemental Programs and Services.* SPS personnel observing evidence of child abuse or neglect in an SPS setting will report immediately and directly to the SPS director or the CDS coordinator in the absence of an SPS director.

(a) The SPS director will report information immediately to the RPOC and simultaneously inform the SPS program official.

(b) To the extent permitted by the Privacy Act (see AR 340–21), confirmation of action taken will be provided to the individual making the original report of the allegation by the SPS director within 24 hours.

e. Each CDS delivery system will prepare a child abuse SOP which will be coordinated with the ACS FAPM. This SOP will include—

(1) Definitions of abuse and neglect according to AR 608–18 (obsolete).

(2) Internal CDS reporting procedures.

(3) Training requirements.

(4) Child abuse prevention training for parents.

(5) Program management prevention strategies.

(6) Actions to be taken in response to an allegation.

(7) Patron notification and public relations efforts.

(8) Policy infractions vs. reportable child abuse.

f. Each center–based setting and FCC home will post procedures for reporting child abuse and applicable phone numbers.

g. During the investigation of a child abuse allegation CDS management personnel will—

(1) Provide access to administrative files, attendance records, work schedules, incident reports, parent addresses and phone numbers, or any other official records to investigators and Army personnel with an official need to know.

(2) Provide access to subordinate personnel for investigative interviews.

(3) Take notes, make observations, and record relevant management information during the investigation.

2–23. Response to allegations of child abuse in child development services settings

a. *Child Development Center.* When an allegation of child abuse of sufficient credibility to cause a military or civilian law enforcement investigation to be initiated, occurs in a center–based setting, the following steps will be taken:

(1) The allegation will be reported according to paragraph 2–20 this regulation and as specified in AR 608–18 (obsolete).

(2) The alleged perpetrator will be reassigned to a position without child contact until a determination is made by the FACMT and law enforcement authorities.

(3) Procedures established in paragraph 5–17e will be implemented.

(4) The need for additional personnel will be assessed to handle the additional workload. Additional personnel may be assigned to allow the CDS coordinator and center director to handle the additional duties resulting from the allegation.

(5) The CDS coordinator and center director will be readily available to talk to parents in accordance with guidance provided by the PAO and the senior commander.

b. Family child care. When an allegation of child abuse of sufficient credibility to cause a military or civilian law enforcement investigation to be initiated, is made against an FCC provider or a family member (see AR 608–18 (obsolete)), the FCC home will be closed until a determination is made by FACMT and local law enforcement authorities.

(1) The FCC provider will be prohibited from providing child care within the FCC program.

(2) Care may only resume when the FACMT has closed a case as unfounded or unsubstantiated.

c. Supplemental Programs and Services. When an allegation of child abuse of sufficient credibility to cause a military or civilian law enforcement investigation to be initiated, occurs in an SPS setting, procedures in paragraph 2–23a and paragraph 2–23b will be followed as applicable.

d. Child Abuse Task Force. Senior commanders may request the assistance of the Army Regional Rapid Response Team or the DoD Family Advocacy Command Assistance Team to respond to allegations of child abuse. Each team operates a special multidisciplinary task force to respond to allegations of child abuse at military installations. Assistance may be requested through DCS, G–1 Family Advocacy program manager (FAPM).

e. Local authorities. Senior commanders will seek assistance from local authorities, if such assistance is available, in cases of child abuse allegations at center or FCC settings. This requirement will be included in system SOPs on child abuse and the SOP will be coordinated with the installation ACS FAPM.

2–24. Child Development Services background clearance requirements

a. Records screening procedures. All CDS employee applicants, youth applicants, FCC providers, FCC substitute providers, Family members ages 12 and older, other authorized individuals residing in the potential FCC home, and CDS volunteer applicants (including foster grandparents with exception(s) noted in paragraph 3–15i), and employee’s and volunteers in chapel settings will be screened by submitting their names to the agencies listed in table 2–1 for a check of prior instances of reported misconduct. If an FCC substitute provider is limited to only providing care in the regular provider’s home, the substitute provider’s family members over the age of 12 are exempt from the background check. A background check is required. It is based on a set of the employees fingerprints and other identifying information and then processed through the Identification Division of the Federal Bureau of Investigation and the State Criminal History Repositories (SCHR) of all States that an employee or prospective employee lists as current and former residences for five years prior to hire. Appropriate release forms signed by the individual or sponsor must accompany the screening requests. Screening requests for Alcohol and Drug Abuse Prevention and Control Program records must be accompanied by a signed DA Form 5018R (ADAPCP Client Consent Statement for Release of Treatment Information). See AR 600–85 for additional guidance on background clearance requirements.

Table 2–1
Records screening requirements

Name of check	Agency/office	Timeframe
Army Central Registry	MTF (Chairperson, Family Advocacy Case Review Committee)	Prior to employment or provision of care. (CDC) Annually (FCC)
Local Military Police (MP)	Provost Marshal	Prior to employment or provision of care. (CDC) Annually (FCC)
CID Records Check to include Defense Central Investigative Index Check	United States Criminal Investigation Division (USACID)	Prior to employment or LOSS for employees ⁴ Annually (FCC)
Civilian Law Enforcement Records Check ¹	Provost Marshal	Prior to employment or provision of care
Alcohol and Drug Prevention and Control Program	Drug/Alcohol	Prior to employment or provision of care. (CDC) Annually (FCC)
NAC ² (NAF employees)	CPO	Completed during first 6 months of employment ⁴
NACI ² (NAF employees)	CPO	Completed during first 6 months of employment ⁴ .

**Table 2–1
Records screening requirements—Continued**

Housing Office ³	Family Housing Officer/Building coordinator	Prior to provision of care
Sponsor Unit Commander ³	Sponsor Unit Commander	Prior to provision of care
Crime control Act— SCHR ² Fingerprint Check through identification Division of FBI ²	CPO CPO (included as part of NAC/NACI check)	Prior to employment or with LOSS ⁴ Prior to employment or with LOSS ⁴

Notes:

Volunteers may be placed in CDS systems prior to completion of background checks since they always work with CDS employees or provider and are never left alone with children.

¹ Within United States only. If obtainable from local police authorities.

² Applies to employees only. Not applicable to FCC providers, FCC family members, CDS Volunteers and youth applicants.

³ Applies to FCC providers, substitute FCC providers, FCC family members age and older and other authorized individuals residing in the FCC home only.

⁴ Line of Sight Supervision (LOSS). New personnel may be hired/contracted conditionally pending completion of background checks, provided they are under Line of Sight Supervision at all times by a cleared employee. The use of video monitoring equipment in child occupied areas monitored by a cleared employee will also satisfy the LOSS requirement.

b. Application screening procedures. In addition to record screening checks, the following procedures will be followed by the appropriate official:

(1) All employee applications will be reviewed by CPO officials and all provider applications by the FCC director for accuracy of information (for example, overlapping dates of previous employment).

(2) Each employee and FCC provider applicant will be personally interviewed by CDS management personnel.

(3) Reference checks on employees will be made by the CPO according to AR 215–3 paragraph 2–9.

(4) Follow up telephonic checks of former employers or professional references listed (up to a maximum of two) will be made by CDS management personnel to verify or clarify the following items for employee and FCC provider applicants. (OCONUS may develop a policy for alternative solutions to telephonic checks if necessary.)

(a) Position responsibilities.

(b) Reasons for leaving.

(c) General work aptitude and habits.

(d) Concerns noted in the pre–employment interview.

(5) Telephonic checks will be made by the CPO to solicit information from personal references.

c. Quality assurance procedures.

(1) Applicants may not be hired or provisionally certified until all records checks have been satisfactorily completed. A conditional appointment may be made for employees/contractors contingent on favorable CID, NAC/NACI and SCHR inquiries provided Line of Sight Supervision (LOSS) by a cleared employee is in place at all times. The use of video monitoring equipment in child occupied areas monitored by a cleared employee will also satisfy the LOSS requirement. Activity managers must certify that LOSS can be accomplished for the selected employee on the applicant referral form. LOSS may not be used for certification of FCC providers.

(2) CDS management personnel will take appropriate action in accordance with paragraph 2–22a and AR 215–4 for CDC personnel, and paragraph 2–22b for FCC applicants and FCC family members when instances of misconduct involving children, assaultive behavior, substance abuse, larceny, or related misconduct are revealed during screening or performance of duty. When such actions are required, the SJA and CPO should be consulted for guidance.

(3) New center–based caregiving personnel will be closely monitored for the first six weeks of employment in accordance with paragraph 5–16b.

(4) New center–based caregiving personnel will be monitored and whenever possible should not work alone with children until the NAC is completed.

(5) CDS management personnel will take appropriate action in accordance with paragraph 2–22a and AR 215–4 for CDC personnel, and paragraph 2–22b for FCC applicants and FCC family members when

instances of misconduct involving children, assaultive behavior, substance abuse, larceny or related misconduct are revealed during screening or performance of duty. When such actions are required, the SJA and the CPO should be consulted for guidance.

d. Intermittent and flexible employees. All CDC Program Directors should have a sufficient number of intermittent and flexible employees who have met the background screening requirements, available to fill in for emergency situations.

e. Active duty members. Active duty military members applying for a position in a CDC will not be required to have an NAC.

f. Volunteers. Volunteers may be placed in CDS system prior to completion of background checks since they always work with CDS employees or providers and are never left alone with children.

2–25. Youth applicants

The following apply to youth hired as part of a seasonal or part–time employment program to work in a CDS delivery system.

- a.* Applicants must be at least 16 years old.
- b.* A parent consent form must be completed in accordance with AR 215–1.
- c.* At least three references will be validated including a reference check with the school where the youth is enrolled.
- d.* Youth will always be assigned to work with experienced CDS employees. Under no circumstances will youth under age 18 be left alone with children.
- e.* NACs as required in paragraph 2–24 are waived for youth under age 18.

2–26. Management procedures for minimizing the potential risk of abusive situations in center settings

The following management procedures will be initiated to minimize the risk of abusive situations in Army CDCs.

a. Access to children by strangers, delivery, maintenance personnel, and other visitors will be restricted. A visitor sign–in/out log at the front desk or with appropriate personnel (such as, food service deliveries with the cook) will be maintained at all times.

b. Because many child abuse incidents are opportunistic, tasks such as playground supervision, diapering, toileting, and nap supervision will be shared by caregiving employees so no one individual always remains in the same area or role.

c. A daily record of the children in attendance in each activity room/module will be maintained for all programs including full–day, part–day and hourly care. This record will include the child’s name and time–in/time–out and the time–in/time–out of CDC employees and CDS volunteers assigned to the room/module.

d. Field trips involving walking or vehicular transportation will have at least two adults supervising the children at all times. Written advance notice will be given to all parents and a written record of dates, times, and sponsored field trips will be maintained for one year (see para 2–21e). The center director/designee will give written permission (for instance, log, record) whenever children leave the center (for instance, field trip). The time of departure and return will be noted.

e. Parents will have access to their child’s activity room/module at all times of program operation.

f. CDS employees will take appropriate steps to ensure children are released only to parents or designated adults. Proper identification will be requested of unfamiliar adults to verify that the person who picks the child up is the authorized designee.

g. An SOP will be developed which addresses care of children who remain after closing hours when no previous arrangements have been made. Under no circumstances will a CDS employee take a child to the employee’s home unless authorized by the senior commander to do so.

h. The SPS director and FAPM will sponsor annual parent education programs on child abuse prevention and identification and reporting procedures, as well as guidance techniques.

i. For other detailed guidance, refer to the following—

- (1) Specialized child abuse prevention education, see paragraph 2–29.
- (2) FCC management training, see paragraph 3–20.
- (3) Daily admission and release procedures, see paragraph 4–8.
- (4) Discipline, see paragraph 4–10.
- (5) Room darkening restrictions, see paragraph 4–13.

- (6) SOPs, see paragraph 5–12.
- (7) Staffing patterns, see paragraph 5–14.
- (8) Supervision of CDS personnel, see paragraph 5–15.
- (9) Program oversight for new caregiving employees, see paragraph 5–16.
- (10) Supervision of children, see paragraph 5–17.
- (11) Vision panel requirements, see paragraph 5–31a.
- (12) Facility security arrangements, see paragraph 5–34.
- (13) CDC child abuse risk assessment tool (CARAT), see paragraph 5–54.

2–27. Management procedures for minimizing the potential risk of abusive situations in Family Child Care homes

The following management procedures will be implemented in FCC homes to minimize the risk of abusive situations occurring in FCC homes.

a. FCC management personnel will observe the following during regularly scheduled and unannounced visits to FCC homes:

- (1) The behavior and appearance of the children.
- (2) FCC provider/child interaction including indicators of stress or behavior problems.
- (3) Guidance techniques.
- (4) General organization and condition of the home including the noise level and excess clutter.
- (5) Unsupervised care.
- (6) Evidence of an adequate food supply.
- (7) Behaviors of FCC provider's own children which could lead to physical harm or neglect of others.
- (8) Financial instability which could lead to stress or neglect.
- (9) General resistance of FCC provider to guidelines or regulations.
- (10) Other conditions that could lead to higher stress.
- (11) Presence of other adults or teenagers and their interactions with the children.

b. Immediate action will be taken to defuse potential problems.

c. FCC providers will be encouraged to form support groups to improve communication and reduce isolation.

d. FCC providers will be encouraged to use substitutes during times of stress or extra family demands which might increase the potential for abuse.

e. New FCC providers should be assigned to experienced FCC providers who volunteer as sponsors/advisors.

f. FCC management personnel will ensure FCC providers have—

- (1) A daily sign-in/sign-out sheet where parents sign when a child enters and leaves.
- (2) A written outdoor play and supervision policy.
- (3) A policy restricting use of alcohol and smoking by family members during FCC care hours.
- (4) Written fee policies and provisions for late arrivals, long-term care (if provided), meal policies, and FCC provider absence and vacations.

FCC provider absence and vacations.

g. FCC providers who have teenagers living in the home will be advised to ensure adequate supervision to protect children in care and teenagers from unwarranted allegations of abuse.

h. Parents will have access to their children within the FCC home at all times of program operation.

i. For other detailed guidance, refer to the following—

- (1) Specialized child abuse prevention education, see paragraph 2–29.
- (2) Daily admission and release procedures, see paragraph 4–8.
- (3) Discipline, see paragraphs 4–10 and 6–25.
- (4) FCC provider and home certification, see paragraphs 6–9 through 6–21.
- (5) Staffing patterns, see paragraph 6–27.
- (6) Program oversight for FCC providers, see paragraph 6–34.
- (7) Supervision of children, see paragraph 6–28.
- (8) FCC provider and home compliance, see paragraph 6–35.
- (9) Investigation of complaints, see paragraph 6–37.
- (10) Unauthorized care, see paragraph 6–38.
- (11) FCC Risk Assessment Tool, see paragraph 6–52.

2–28. Child Development Services touch policy

a. An installation CDS touch policy will be developed for application in all CDS settings. The policy will be coordinated, at a minimum, with the ACS FAPM, Social Work Services, and SJA offices. The touch policy will be accessible to all CDS employees and FCC providers, be incorporated into orientation training, and will be available in written form for CDS parents.

b. The CDS touch policy will address, at a minimum, appropriate and inappropriate touches.

(1) Appropriate touching involves—

(a) Recognition of the importance of physical contact to child nurturance and guidance.

(b) Adult respect for personal privacy and personal space of children.

(c) Responses affecting the safety and the well-being of the child (for instance, holding hand of child when crossing the street; holding child gently but firmly during a temper tantrum).

(d) CDS employees and FCC providers modeling appropriate touching. (Note. Examples of appropriate touching include hugs, lap sitting, reassuring touches on the shoulder, and naptime backrubs.)

(2) Inappropriate touching involves the following:

(a) Coercion or other forms of exploitation of the child's lack of knowledge.

(b) Satisfaction of adult needs at the expense of the child.

(c) Violation of laws against sexual contact between adults and children.

(d) An attempt to change child behavior with adult physical force, often applied in anger.

(e) The reinforcement concept with child of "striking out" to respond to a problem.

Note. Examples of inappropriate touching include forced goodbye kisses, corporal punishment, slapping, striking or pinching, tickling for prolonged periods, fondling, or molestation.

c. Because boundaries for appropriate and inappropriate touch have often been undefined, CDS management personnel must discuss these issues with CDS employees and FCC providers prior to the provision of care to ensure a correct understanding.

2–29. Child abuse prevention education

a. Child abuse and neglect prevention education training will be offered to parents of all children ages 4 through 12 years enrolled in CDS programs.

b. Training will be generic in nature and will focus on defining child abuse and neglect, helping parents understand the importance's of a strong parent/CDS program partnership in the identification and prevention process, identifying the different types of abuse including the signs and causes of abuse, and explaining the measures CDS staff and FCC providers are taking to minimize the risk of abuse/neglect in CDS settings.

c. CDS personnel will coordinate all child abuse prevention education efforts with the FAPM and provide required reports according to AR 608–18.

d. Training sessions will—

(1) Be provided on a quarterly basis, or more frequently if needed on larger installations.

(2) Emphasize "protection of children from abuse is shared responsibility between Army and parents."

(3) Be offered in a variety of locations accessible to majority of parents.

(4) Be offered at a variety of times including evenings and lunch hours.

e. Parents will be notified in advance of upcoming classes, and general information about the content of the training will be included in parent handbooks.

f. Innovative approaches and strong command interest and support will be necessary to reach large numbers of parents. Such initiatives may include—

(1) A command letter to parents.

(2) Direct participation of the commander in child abuse prevention activities.

(3) Incorporation of parent training sessions with scheduled military events or command functions.

(4) Consideration of "allowing soldiers to attend" as a duty requirement to maximize attendance.

g. Child abuse prevention education is not authorized for children under six years of age.

h. Child abuse prevention education may be provided to children over six years of age with signed parental approval.

(1) Curriculum used must be selected jointly by the CDS coordinator and the FAP manager.

(2) Parents will be notified in advance, in writing, and requested to attend a preliminary information session.

(3) Curriculum will be developmentally appropriate for the age group.

- (4) The approach will be positive in nature and will not unnecessarily frighten children.
- (5) Curriculum focus must emphasize that children are not solely responsible for protecting themselves.

2–30. Child abuse risk avoidance

The TACS (para 3–12c) will monitor quality assurance procedures cited in paragraphs 2–26 through 2–28 to minimize the risk of child abuse occurring in CDC and FCC settings; and provide appropriate training in child abuse risk avoidance, for CDS personnel and FCC providers.

2–31. Department of Defense Child Abuse and Safety Violation Hotline

The MCCA required DoD to establish and maintain a hotline for individuals to report suspected child abuse or safety violations in military child care programs. This includes CDCs, FCC homes, and SPS programs and services options.

- a. The hotline operates 24 hours a day.
- b. Calls may be made to the hotline anonymously.
- c. Posters and pamphlets developed by DoD will be used to publicize the DoD child abuse and safety hotline. Posters must be displayed prominently in areas frequented by parents using child care services (for instance, CDC lobbies, FCC and SPS offices, commissary, Post Exchange (PX), and community bulletin boards).
- d. Information about the DoD hotline must be incorporated in CDS parent material, such as the parent handbook.
- e. DoD will report to DCS, G–1 (DAPE–PDY) all child physical, sexual, and emotional abuse and child neglect or safety violation hotline calls alleging incidents in Army child development setting.
- f. The most current procedural guidance from HQDA will be followed by installations.

2–32. Inspections and Certification

a. *Unannounced inspections.* In addition to other required inspections by proponent agencies during the year, four unannounced inspections of each CDS system will be conducted to meet the requirements of the MCCA. In response to each inspection, the installation will develop a corrective action plan that addresses any deficiencies found during the inspection.

(1) *Installation Inspections.* Three of the unannounced inspections will be local. These inspections will be conducted at intervals to ensure the CDS program has continuous oversight. These inspections will consist of the following:

- (a) A comprehensive fire and safety inspection by the installation fire and safety proponent(s);
- (b) A comprehensive health and sanitation inspection by the installation health and sanitation proponent(s); and
- (c) An unannounced portion of the multidisciplinary ICCET review process. This inspection will be led by a representative of the senior commander and verify compliance with DoD standards. The team will include parent representation and solicit the views of parents. The most current HQDA procedural guidance on the ICCET process will be followed.

(2) *An Installation Management Command or Headquarters Department of the Army inspection.* The fourth unannounced inspection will be conducted by higher headquarters. The higher headquarters inspections will be called Army Child Care Evaluation Team (ACCET) or MCCET inspections. The most current procedural guidance on the MCCET/ACCET process will be followed.

b. *Unannounced visits.* DoD will periodically, but at least twice annually, make unannounced visits to selected installations to review compliance with DoD standards.

c. *Remedies for violations.*

(1) Whenever life-threatening violations of this regulation or other safety, health, and child welfare laws or regulations are found (during an inspection or at any other time) the commander will immediately ensure remedy of the violation or will close the facility (or affected parts of the facility).

(2) The IMCOM commander may grant the installation up to 90 days to correct non-life threatening situations, beginning on the date of discovery of the violation. If the installation cannot remedy the situation in 90 days, the program, facility, or affected portion of the program or facility will be closed until the deficiency is corrected. The Secretary of the Army may waive the closure requirement and authorize the program to remain open if the violation cannot reasonably be corrected within the 90 day period or if major facility renovation is required.

(3) Facilities closed due to violations must be reported to the House and Senate Armed Services Committees by the Secretary of the Army. The report will include a notice of the violation that resulted in the closing, the cost of remedying the violation, and a statement of reasons why the violation has not been remedied as of the time of the report.

(4) If a military CDC is closed, a copy of the report notifying the Committees on Armed Services of the Senate and the House of Representatives will be forwarded through command channels to the Commander, U.S. Army Community and Family Support Center, attention: DCS, G-1 (DAPE-PDY) at usarmy.pentagon.hqda-dcs-g-1.mesg.cyss-regulation@army.mil, who will then forward the report to the Office of the Secretary of Defense.

d. Department of Defense Certification. DoD certification will be awarded to installation CDS programs based on compliance with DoD standards as verified by the annual higher headquarters inspection. Each installation will be inspected annually and the IMCOM or HQDA certification recommendation will be forwarded.

(1) All CDS programs on an installation must be included in the inspection and certification reports. Special attention will be given to MCCA funding and staffing requirements, parent involvement, child abuse prevention, quality of developmental programs, staff training, and career progressions. DoD certification will be issued on total installation CDS service delivery; no certifications will be granted to individual CDS programs on an installation.

(2) Certification procedures for conducting and forwarding the results of the IMCOM inspections as outlined in the most current procedural guidance from HQDA will be followed.

2-33. Installation child care availability plan

Installations are required to develop an Installation Child Care Availability Plan (ICCAP) to target goals for rightsizing the number of available child care spaces. The most current procedural guidance from HQDA on the ICCAP will be followed. The ICCAP will be evaluated during the ICCET process and MCCET or ACCET annual inspections. The coordinator will validate and the commander approve variances between the plan and actual progress by 1 April each year. To meet requirements of the MCCA, IMCOMs will submit a summary of the annual ICCAPs to the U.S. Army Community and Family Support Center DCS, G-1 (DAPE-PDY) by 30 June each year.

a. CDS care options to support military members and DoD civilian employees will be determined by local needs and such factors as—

(1) The number of military and civilian personnel needing child care services. The number of spouses employed full or part time outside the home; age, rank and status of military and civilian population; mission of the installation; percentage of military residing on the installation; and remoteness or isolation of the location, may all impact on the total installation child care need.

(2) The need to support readiness and to address military and civilian child care during deployments, mobilization, and other missions of the military installation.

(3) Problems in recruitment or retention of military and civilian personnel resulting from a lack of child care services.

(4) Absenteeism or productivity problems which could be alleviated by reliable child care services.

(5) Availability of comparable services at comparable rates in the private sector. The cost, quality, convenience, and availability of off-post care influences the need for on-post care.

b. Rightsizing will be accomplished by—

(1) Improving management of the excess demand, including waiting lists.

(2) Increasing the number of child care center spaces used for care for children of employed parents.

(3) Moving school-aged child care to other suitable facilities.

(4) Expanding the FCC program.

(5) Implementing FCC direct subsidies.

(6) Expanding SPS options.

(7) Using available resources in the civilian community.

(8) Continuing military construction/renovations/additions.

c. Excess demand should be addressed through a variety of child care options. Efficient and effective use of all existing CDC space, expansion and maintenance of the FCC system, and full implementation of the SPS system to include identification and use of suitable off-post capabilities will be necessary to address excess demand.

Chapter 3 Program Management

Section I

Funding

3-1. General

a. CDS is a basic community support service provided to soldiers; it is not intended to be an income generating activity and will be supported predominantly from APF.

b. CDS is established and operated as a category B morale, welfare, and recreation fund (MWR) activity and will be operated, maintained, and funded by a substantial amount of APF support. APF and NAF support is authorized according to AR 215-1, appendix D. NAF collected as patron fees and charges and used in CDS are administered as part of the installation morale, welfare, and recreation fund (IMWRF).

c. CDS programs must be funded to meet all DoD and Army standards. CDS operations will use APF as authorized and institute reasonable patron fees and charges. Commanders may subsidize CDS operations with NAF from the IMWRF as long as the IMWRF remains self-sufficient.

d. Affordable child care is predicated on a number of factors; IMCOM and installation funding priorities, maximum use of APF, total NAF dollars required and degree to which commanders subsidize the program with locally generated income, full-day user fees based on total family income (TFI), supplemental funding (such as, USDA CACFP, Combined Federal Campaign), State reimbursements, alternative care options to augment CDC and FCC programs, and efficient CDS program management practices with strong internal controls.

e. Programs that serve the young Soldier such as infant and toddler care may become a revenue user as an alternative to rate increases. These age groups require more stringent adult/child ratios resulting in higher labor costs.

f. APF resource requirements authorized by AR 215-1 for CDS will be considered with all other program requirements and contained in the Program Analysis Resource Review submissions. NAF CDS resource requirements will be budgeted for according to AR 215-1. The installation CDS coordinator will submit input to this process.

3-2. Appropriated fund support

a. APF support may be provided according to AR 215-1, AR 385-10, AR 420-1, AR 25-1, and AR 58-1. APF will be used for CDC construction and renovation; meeting such operating costs as equipment, supplies, utilities, custodial and maintenance services; administrative and supervisory personnel; training and travel; and other authorized uses. Reference should be made directly to these regulations for detailed guidance. Information contained in these regulations that directly impacts on CDS program management is summarized in appendix B. For sites validated as remote and isolated, all manpower staffing positions are authorized APFs, based on availability of local funding.

b. APF may be used to establish and maintain lending libraries and training materials for use by providers, as well as for travel expenses of FCC/SPS directors, outreach workers, TACS, and CDS coordinators using their private vehicles to perform Government functions.

c. APF may be used for food in center programs if the food purchased is not resold (such as parent or staff meals). Eligible CDC programs must be enrolled in the USDA CACFP program and USDA reimbursements must be maximized prior to use of APF for food. Any food purchased with APF cannot be claimed for USDA reimbursement. The most current procedural guidance from HQDA will be followed.

d. CDC Patron fees.

(1) Facility based programs will be operated, maintained and funded with direct APF at least equal to the amount of user fees collected.

(2) Parent fees collected for center child care services can be used only to compensate employees directly involved in providing child care (such as caregiving staff including teachers) and for CDC food service and sanitation expenses (such as cook salary, cleaning supplies, food, and so forth), consumable supplies, and some non-capital equipment.

(3) Parent fees may not be used to compensate management and clerical staff. These positions must be paid with APF or NAF other than those from parent fees.

e. FCC providers.

(1) Direct and or indirect APF support are authorized for FCC providers who provide care for the children of members of the Armed Forces and DoD civilian employees. APF subsidies can help reduce the turnover and indirect costs of provider training, screening, and home inspections as well as maintain user fees at an affordable level. The FCC APF subsidy is the differential between the true cost of child care and that portion of the costs passed on to the patron as a fee.

(2) Provision of the FCC subsidy assistance program will be at the discretion of the senior commander and should be implemented when necessary to ensure eligible patrons receive FCC child care services comparable to the quality and cost of similar services in military CDCs and or to increase the availability of care for a specific age group (such as infants) or type (such as hourly) of care. Prior to offering the subsidy assistance program an updated ICCAP will be completed to verify true need (for instance; competition with other delivery systems will be avoided; current and projected installation demographics will be considered).

(a) Provisions for direct APF subsidies may include, but are not limited to food subsidies for OCONUS providers and subsidies to encourage providers to offer child care services which would be significantly more costly to provide in a center-based setting, such as, sick child care, special needs care, care of human immunodeficiency virus (HIV) infected children, and extended hours care.

(b) Provisions for indirect APF subsidies which may include, but are not limited to access to toy and equipment lending libraries including provisions for long-term consignments; provision of expendable curriculum/program supplies; full or partial payment of annual provider assessment cost; or a substitute provider pool for selective/ emergency purposes (such as medical appointments, special off-site training, provider "vacation" day and or respite care).

(3) Potential for increasing the availability of care, providing affordable care, improving the quality of care, and high turnover of FCC providers should be considered by the installation before establishing an FCC subsidy assistance program. Installations will also determine unique conditions which make subsidizing appropriate, (such as financial capability of eligible personnel; unusual service requirements and unique mission related provider responsibilities; fee structures of other available military child care operations and adjacent civilian programs in comparison to FCC fee ranges; number of children being served; and the installation child care waiting list).

(4) The FCC director will be responsible for administrative functions according to HQDA procedural guidance to include:

(a) Developing a SOP for the FCC subsidy assistance program.

(b) Coordinating with office responsible for resource management.

(c) Provisions for publicizing the FCC subsidy assistance with FCC providers and parent users.

(d) Monitoring the operation of the FCC subsidy assistance program according to the established SOP.

f. APF may be used for direct cash subsidies to FCC providers so FCC services can be provided to military and DoD civilians at a cost comparable to the average cost of services provided in CDCs.

3-3. Common table of allowances authorizations

a. Specific equipment, supplies, materials, and furnishings that may be requisitioned with APF to support CDS operations are listed in CTA 50-970 and CTA 50-909.

b. CTA 50-970 is a guide for buying certain expendable items where it is impractical to compile meaningful basis of issue.

c. CTA 50-909 lists office equipment and supplies which can be used to support CDS programs.

3-4. Nonappropriated funds support

NAF support may be provided by AR 215-1 to augment and supplement APF. APF personnel, services, and supplies where specified, should be provided first. Information contained in these documents that directly impacts on CDS program management is summarized in appendix B.

3-5. Patron fees and charges

Reasonable CDS user fees to include registration fees and miscellaneous charges for optional services (such as, music lessons and sports for school-age children) are authorized.

a. *General.* CDS user fees, registration fees, and miscellaneous charges for optional services (such as, music lessons and sports for school-age children) are authorized.

(1) Annual registration and miscellaneous fees are authorized per child or per family. Such fees are nontransferable to other installations unless IMCOM guidance permits and are non-refundable. The

registration fee applies to all CDS systems and is assessed and collected by the SPS system, where one exists.

(2) Patrons should be notified of anticipated fee increases in any system and the justification thereof, one month in advance of implementation date.

(3) Food service is an integral part of CDS programs. There will be no separate charge for meals or snacks.

(4) Fees and charges for children of installation volunteers (for instance, those individuals who come under the coverage of 10 USC 1588) may be reimbursed with nonappropriated funds according to AR 215-1. CDS volunteers may not be reimbursed from nonappropriated funds for child care expenses (see paragraph 3-15).

(5) Bookkeeping practices associated with fee collection should be automated to eliminate excessive administrative labor costs and to ensure conformance to local internal control guidelines.

(6) Fee structures within comparable adjacent civilian operations.

(7) Availability of comparable adjacent civilian operations.

(8) Number of children being served and family demographics.

b. Child development centers and school-age care fees. The MCCA required DoD to prescribe regulations establishing fees that are uniform throughout the military and are based on TFI.

(1) DoD fee ranges apply to all children who attend Army CDS center-based full-day and part-day programs and school-age care programs regardless of location or proponenty (CDS or YS).

(2) DoD will publish fee ranges on an annual basis.

(a) The high cost fee range can only be used in those designated areas affected by the additional 8% civilian pay increase and in those areas where the installation must increase caregiver wages in order to compete in the local labor market. Installations may not use the high cost range to compensate for inadequate funding with APF. Higher fee ranges may also be used where child caregiver wages are impacted by the cost of living allowance (COLA). The increase in fee ranges may not exceed the percentage amount of the COLA. Higher rates in conjunction with COLA and the high cost range options may not be used simultaneously.

(b) CDS patrons must use DD Form 2652, (Application for DoD Child Development Fees), to TFI and determine the appropriate child care rate. DD Form 2652 may be obtained through normal publication channels.

1. Parents must provide documentation of TFI to include: Leave and earning statements for the sponsor and spouse; if living in on-post quarters, the pay table or statement reflecting the amount of basic allowance for quarters or living quarters allowance soldiers or civilians would receive if they lived off post or fair market value for on-post quarters; and verification of any other regularly received income such as monthly or quarterly investment dividends.

2. Patrons who choose not to provide required income documentation will be charged the highest category rate.

3. CDS will distribute DD Form 2652 to parents. Parents will complete the form and return it to CDS for assignment of appropriate fee category. CDS will coordinate with other agencies (such as, ACS, finance, housing) to ensure help is available if parents need special assistance to complete the form.

4. CDS is not responsible for form completion or income validation, however, a periodic audit from an outside source may be conducted to review accuracy of submitted information. Parents should be advised when documented pay is in contradiction with published pay scales and an audit is anticipated. Suspected fraudulently completed forms should be reported to military unit commanders and or civilian supervisors for investigation and possible disciplinary and or administrative action.

5. Installations using standard fee ranges or the high cost options must select an annual fee for each income group within the ranges established by DoD. Ranges will be established with or without leave. HQDA will forward new fee ranges to IMCOM annually according to published reporting requirements.

a) Fees, other than for hourly care, will be charged either monthly or twice a month in advance of services rendered. Weekly payment of fees will not be permitted as this contributes to increased administrative workload. Weekly fees are authorized only in documented hardship cases on a temporary basis and for short-term programs. Commanders may establish local policy for patron refunds for unexpected prolonged absenteeism due to serious illness or family emergency.

b) Fees for part-day programs (part-day care, school-age care, and part-day preschool age) will be prorated as a percentage of full-day fees. Generally children who are attending a kindergarten program

which is not located in CDS will not be considered full-day patrons. Planning time for part-day personnel should be included when determining the rates.

c) Hourly fees may be flat or graduated. Each hourly care child space should generate the same amount of income per day as a full-day space.

6. Multiple child reductions of 20% or less may be offered when more than one child in a family requires center-based care. The reductions are given on the less expensive form of care. CDC fees for more than one child per family should not be reduced to such an extent that they lower the quality of services and substantially increase the fees for patrons with one child.

7. For new program enrollments, installations may require a portion of the first month's fee as a security deposit to ensure commitment to use the space.

(3) Installations will not assess FCC providers any fees for participation in the program to include the use of any CDS toy lending library, initial certification, or ongoing certification except for authorized NAF claims costs (see para 6–19).

(4) CDC fee schedules will be reviewed semi-annually and should reflect the following guidance.

(a) User fees and charges should be established or recommended within a price range that is affordable to eligible sponsors.

(b) Fee structures should reflect comparable quality of service among CDS programs.

(c) Since child care is an employment expense, graduated fee schedules for full-day care and before and after school care will be implemented based on TFI, which incorporates both rank and family financial circumstances as factors. Data gained from the USDA CACFP enrollment forms and/or leave and earning statements, may be used as a basis for TFI determination and verification. Patrons not wishing to disclose financial information will be charged the highest rate reflected on the graduated fee schedule.

(d) Fees for hourly and part-day preschool services may be a flat rate, follow the full-day graduated fee schedule or be based on rank.

(e) Fees in the center school-age program will be comparable to those charged in the School Age Services (SAS) program.

(5) Comparable fees will be charged in all SAS before and after school program models, regardless of CDS or youth activities pronency.

(6) Fees for CDC programs should generally represent a 20–25 percent price advantage over local civilian rates for comparable services. Comparable services means, but is not limited to, equivalent care requirements (such as, adult/child ratios, group sizes and child-age group categories program types); staff qualifications and training requirements; and meal services according to USDA guidelines. In instances where there are limited or no comparable operations in the civilian sector (for instance, full-day infant/toddler center-based care, hourly care for all ages or cost of off-post services is extreme due to labor costs), the price percentage advantage may be increased to assure Soldier accessibility of care.

(7) All age group categories within the same program will be charged the same basic rate.

(8) CDC fees for more than one child per family should not be reduced to such an extent that they lower the quality of service and substantially increase the fees for patrons with one child. Multiple child discounts, when offered, should generally be no more than 20 percent unless the difference is paid by the IMWRF.

(9) Fees and charges for children of installation volunteers (for instance, those individuals who come under the coverage of 10 USC 1588) may be reimbursed with nonappropriated funds according to AR 215–1, paragraph 3–14. CDS volunteers may not be reimbursed from nonappropriated funds for child care expenses (see para 3–15).

(10) Fees for children enrolled in CDC full-day and part-day programs will be collected in advance of services rendered. Fees should be collected bi-weekly or monthly. Commanders may establish local policy for patron refunds for unexpected prolonged absenteeism due to serious illness or family emergency.

(11) Annual registration and miscellaneous fees are authorized per child or per family. Such fees are nontransferable to other installations unless IMCOM guidance permits and are non-refundable. The registration fee will apply to all CDS systems. Separate registration fees for individual CDS programs should not be charged.

(12) Patrons should be notified of anticipated fee increases and the justification thereof, one month in advance of implementation date.

(13) Food service is an integral part of CDS programs. There will be no separate charge for meals or snacks.

(14) Bookkeeping practices associated with fee collection should be automated to eliminate excessive administrative labor costs and ensure conformance to local internal control guidelines.

c. Quarters-based fees.

(1) Fees for FCC and SPS homes will be determined by the FCC/SPS provider and the user parent unless the provider receives a fee subsidy from the installation. However, recommendations concerning FCC/SPS homes fee ranges (upper and lower limits) will be established in writing by the FCC/SPS director, taking into consideration fees charged in center-based programs and type of services provided. Guidance will be reviewed semi-annually.

(2) Installations will not assess FCC/SPS providers any fees for participation in the program to include the use of any CDS toy lending library, initial certification, or ongoing certification except for authorized NAF claims costs (see para 6-19) for FCC providers.

3-6. Supplemental funding sources

Various Federal, State, and locally funded programs are available to provide limited financial reimbursement and subsidies. CDS program operations, if eligible, should apply for entry to and reimbursement from these programs.

3-7. United States Department of Agriculture Child and Adult Care Food Program funding

The USDA will provide financial support for food service operations in CDCs, SAS programs, FCC systems and individual FCC providers through the CACFP on installations in CONUS, Alaska, Hawaii and Puerto Rico. Through an agreement with USDA, DCS G-1, (DAPE-PDY) must approve all CDS programs and facilities for participation in the CACFP. USDA funds cannot be used to reimburse APF salaries or other APF expenses. (See paras 4-4 and 6-7 for enrollment procedures.)

3-8. Contracting Child Development Services activities and services

a. All performance work statements and cost and management studies will be prepared in direct coordination with the installation CDS coordinator and will reflect current HQDA regulatory and policy directives.

b. IMCOM CDS representatives will review all solicitation packages for management and operation of CDS activities to ensure contract compliance with this regulation.

Section II

Personnel

3-9. General

a. Caregiving employees and FCC providers must be at least 18 years of age. Center caregiving employees must hold a high school degree or equivalent.

b. As a condition of employment or certification, CDS employees and FCC providers must meet background screening requirements and participate in required training in accordance with AR 215-3, AR 608-18, other applicable regulations, and paragraph 2-24.

c. The determination of employment suitability or certification will be made on a case-by-case basis taking into consideration the results of the records screen conducted pursuant to paragraph 3-9*b*.

d. Caregiving employees and FCC providers must be able to speak, read, and write the English language to the extent that they are able to execute health and safety directives; and implement developmental activities (such as, reading stories and writing notes to parents) for children effectively as determined by the program director.

e. Any person working within a CDS delivery system may not—

(1) Use or be under the influence of alcohol while children are in care.

(2) Use prescription drugs which would interfere with proper performance of duty.

(3) Smoke in the presence of children or their parents while providing child care. In center settings, visiting adult and staff may smoke out of the presence or view of children in smoking areas designated according to AR 600-63, chapter 4. (See paragraph 6-12 for smoking restrictions in FCC homes.)

f. Training, education, and experience will influence caregiving employee progression from entry level to positions of greater authority.

g. CDS employees assigned to management and supervisory positions will possess sound judgment and strong human relations skills. These skills should be measured using job performance standards.

3-10. Position descriptions

a. Standard position descriptions for CDS management personnel will be used in accordance with DA Pam 690-41 (obsolete).

b. Position descriptions for center caregiving employees will be based on job grading standards contained in DoD 1401.1-M-1.

3-11. Staffing criteria

Personnel staffing requirements are addressed in DA Pam 570-551 (**obsolete**). Staffing listed in DA Pam 570-551 is a guide, and final determination is through normal manpower procedures specified in AR 570-4. (see fig 3-1 for an example).

a. *Child Development Services oversight and common support.*

- (1) CDS coordinator (GS 1701).
- (2) Administrative clerk (GS 0303).
- (3) Food Service Manager (NA 0493).
- (4) TACS (GS 1701).
- (5) Program Operations Specialist (GS 301).

b. *Child Development Services Program/facility (full-day, hourly, part-day).*

- (1) Center/program director(s) (GS 1701).
- (2) Assistant program director(s) (GS 1701).
- (3) CD teacher (GS/UA 1710).
- (4) Program lead or program technician (GS/CC 1702).
- (5) Program assistant (GS/CC 1702).
- (6) Administrative Clerk (GS 0303/322).
- (7) Cook (NA 7408).
- (8) Food service worker(s) (NA 7408).
- (9) Custodial worker (NA 4749).

Note. Director positions will be staffed by program type (such as, full-day, part-day and hourly) if program average daily attendance (ADA) exceeds 100.

c. *Family Child Care.*

- (1) FCC director (GS 1701).
- (2) FCC outreach worker (GS 1701).
- (3) Administrative clerk (GS 0303).

d. *Special Needs Program.*

- (1) Program director (GS 1701).
- (2) Administrative clerk (GS 0303).

e. *Supplemental Programs and Services*

- (1) SPS director (GS 1701).
- (2) SAS specialist (GS 1701/0188).
- (3) Administrative clerk (GS 0303).

f. *Program operations specialist.* When fully justified to a IMCOM survey team, a program operations specialist may be designated at large and very large installations.

g. *Child development services coordinator.* The CDS coordinator may dual function as a system director (such as, CDC, FCC or SPS) when the total CDS ADA is less than 100.

h. *Dual function positions.* CDS management personnel at small installations may dual function positions or work part-time when workload does not meet the yardstick for a single full-time position (for instance, TACS and SAS coordinator, SPS director and FCC director, SPS director/CDS coordinator).

i. *Triple function positions.* CDS management personnel may not triple function positions except at very small installations where total child enrollment is 75 or less.

j. *Unsuitability.* Positions not suitable for dual or triple functioning due to overlapping periods of program operation include—

- (1) SAS specialist and SPS director.
- (2) SAS specialist and YS director/other YS positions.
- (3) CDC director and FCC director.
- (4) CDS coordinator and CDC director when there are other CDS delivery systems.

k. *Part-time positions.* Two part-time positions may be preferable to dual functioning a single position.

3–12. Child Development Services management personnel

CDS programs will be established and maintained at comparable levels Armywide, with professional oversight provided by a CDS core management team to ensure quality assurance and a basic level of APF personnel support at every installation (see para 3–2). On each installation at least one of the members of the CDS management team (CDS coordinator, system/program director, outreach worker, TACS, program operations specialist) will meet the professional qualifications of the National Academy of Early Childhood Programs' Early Childhood Specialist.

a. Child Development Services coordinator. A professional CDS coordinator will be provided to coordinate and manage all CDS delivery systems at each installation. CDS coordinator responsibilities include—

- (1) Applying professional knowledge of child development principles to interpret CDS philosophy and policy in a manner that ensures developmental programming for all CDS operations.
- (2) Coordinating and monitoring the CDC, FCC, and SPS delivery systems including overall supervision of individual CDS programs and services within systems.
- (3) Ensuring compliance of all installation CDS systems with regulatory requirements.
- (4) Establishing effective working relationships with command, staff, agencies, and military and local civilian professional counterparts.
- (5) Ensuring that unit commanders, their staff, and all military personnel and their families supported by the installation are aware of services offered.
- (6) Developing installation policies and approving SOPs for CDS delivery systems.
- (7) Supervising the directors of CDS delivery systems, the TACS, the food service manager, the program operations specialist, the CDS administrative clerk, and monitoring the quality of direct services provided.
- (8) Coordinating management of funds and resources to include developing annual budget for all CDS delivery systems.
- (9) Coordinating and approving initiation, organization, and content of CDS delivery systems.
- (10) Initiating, reviewing, and approving personnel actions for CDS systems including recruitment, selection, evaluation, and dismissals.
- (11) Monitoring staff training programs implemented by TACS and program directors to ensure overall CDS policy and regulatory requirements are met and ensuring all TACS are used as trainers focusing on "hands on" training.
- (12) Collecting and analyzing data to determine adequacy and effectiveness of all CDS systems.
- (13) Assessing CDS facilities requirements and, in conjunction with the facilities engineer, developing a master plan for programming facilities based on projected CDS requirements.
- (14) Developing a 5–year plan for CDS according to AR 215–1.
- (15) Establishing and monitoring a parent advisory/support group to ensure parental input in developing policies, SOPs for CDS delivery systems, and the oversight process.

b. Program operations specialist. A program operations specialist may be provided at large installations by a IMCOM survey team. The program operations specialist will have staff responsibility for program evaluation reports, oversight of budget execution/financial management issues, and routine personnel issues. Responsibilities include but are not limited to—

- (1) Compiling annual reports for submission to the IMCOM.
- (2) Consolidating APF annual operating budget from program director input.
- (3) Monitoring CDS automation software installation, implementation, and use.
- (4) Preparing CDS briefings.
- (5) Monitoring management decision package (MDEP) execution.
- (6) Reviewing management information system preparation and researching discrepancies.
- (7) Conducting patron satisfaction surveys and analyzing results.
- (8) Conducting a semi–annual fee study and making recommendations to CDS coordinator.
- (9) Being CDS POC for construction issues including facility upgrade status reports, documentation for MCA projects, and monitoring construction of new facility.
- (10) Preparing annual NAF budget and ensuring integration of APF and NAF budgets. Monitoring NAF budget execution and preparing variance reports as required.
- (11) Preparing and monitoring NAF personnel requirements document (see AR 215–1).
- (12) Initiating and validating procurement requests to support all CDS delivery systems.
- (13) Monitoring TDA submissions and coordinating Schedule X preparation.

c. Training Specialist. TACS are the designated trainers for the CDS staff and FCC providers. The position requires that they should have professional expertise in early childhood education with a minimum of a bachelors degree in early childhood education, child development, or a related field such as primary education or home economics. The TACS must not be assigned tasks or detailed to other management positions if such assignments impact on the TACS' ability to fulfill the training responsibilities outlined in the MCCA. TACSs will be provided to ensure quality assurance and manage training requirements to minimize the risk of child abuse. TACS personnel will work under the direct supervision of the CDS coordinator and in conjunction with the program director(s) to which they are assigned. When there are multiple TACS positions, one may be assigned supervisory responsibilities. TACS personnel will not have supervisory responsibilities for caregiving employees, replace or substitute for CDC caregiving personnel when they are absent, or be counted in adult/child ratios. TACS personnel will be assigned by program type or age-specific categories. TACS personnel may be assigned by special areas only in those situations when there are multiple TACS positions. TACS personnel should spend the majority of time (60–75 percent) in child activity rooms/modules and with FCC providers, training, and demonstrating caregiving techniques. TACS time spent on administrative duties (other than maintaining training records) should be limited. Administrative clerical support will be provided for TACS personnel to limit the amount of time spent on administrative duties. TACS responsibilities include—

- (1) Ensuring quality assurance in program operations to minimize the risk of child abuse occurring in CDS program operations.
- (2) Initiating, developing, and conducting training workshops to meet training requirements.
- (3) Coordinating and integrating existing training opportunities for caregiving employees.
- (4) Administering and maintaining the Individual Education Plan (IDP) for assigned direct service personnel in coordination with the program director.
- (5) Serving as child development associate (CDA) advisor and integrating IDP and CDA requirements.
- (6) Coordinating and validating training opportunities available from outside sources and integrating them into IDPs.
- (7) Providing technical assistance on training and training resources available to other proponents responsible for CDS training components.
- (8) Assisting program director in assessing CDC programs using an environmental rating scale. Training staff on rating scale implementation and reviewing corrective action plans to remedy deficient areas. Monitoring continued progress in improving environment and program quality.
- (9) Assisting FCC director in assessing FCC homes using an environmental rating scale. Training staff on rating scale implementation and reviewing corrective action plans to remedy deficient areas. Monitoring continued progress in improving environment and program quality.
- (10) Overseeing developmental programming quality through observation and role modeling in child activity areas; demonstrating appropriate use of space, time, equipment, materials, and activities to support developmental programming; monitoring caregiving employees/child interactions, and supporting staff in developing curriculum based on sound child development principles.
- (11) Serving as the developmental program proponent POC for the ICCET review of assigned program.
- (12) Providing consultation to program director on selection of age-appropriate toys and materials.
- (13) Maintaining “state-of-the-art” professional knowledge of curriculum development, materials and equipment, and instructional techniques for appropriate program assignment.
- (14) Assisting management staff in the development and implementation of parent education programs.
- (15) Giving advice to the program director on the performance of child care employees and FCC/SPS providers.

d. Food service manager. A food service manager will be provided at large and very large installations to develop and implement a CDS food service program for all delivery systems. Responsibilities include—

- (1) Planning menus that meet USDA requirements for all aspects of the programs and populations served.
- (2) Providing for purchases, delivery, storage, and inventory of food items, and food service supplies and equipment.
- (3) Ensuring food service procedures are economical and efficient.
- (4) Providing budget input to include manpower, supplies, equipment, and food expenditures required for operation of the food program.
- (5) Collecting and maintaining data required to support resource allocations to meet USDA requirements.

(6) Ensuring center-based food service, health, and sanitation procedures are in compliance with appropriate food handling, preparation, and service as requested by TB MED 530.

(7) Providing nutrition training to CDS systems' staff and parents. Ensuring that all CDS food service workers/ helpers receive sanitation training at the time of hire.

(8) Assisting caregiving employees in planning and participating in child program activities related to food preparation and nutrition education.

(9) Ensuring CDS delivery systems are in compliance with food and nutrition standards.

(10) Initiating and maintaining CDS participation in the USDA CACFP (CONUS only).

e. Center/program directors. An on-site director will implement and manage each separately located CDS facility regardless of size. Subsequent program directors will be required when the ADA of any program (full-day, part-day, or hourly) reaches 100 or more children. The center director will manage the overall daily operations and the maintenance of facility; and supervise other program directors in the center. Program director responsibilities include—

(1) Applying professional knowledge of child development principles to implement CDS policies in a manner that ensures developmental programming for services offered within the program.

(2) Carrying out existing procedures, policies, and regulatory requirements.

(3) Developing cost efficient and effective operational procedures.

(4) Identifying program resource requirements and providing CDS budget input to include manpower, supplies and equipment, and expenditures required for program and facility operation and maintenance.

(5) Ensuring that the program complies with regulations governing the use of APF and NAF.

(6) Identifying personnel requirements and initiating all required personnel actions to include recruitment, hiring, placement, promotions, awards, evaluations, and dismissals.

(7) Planning, coordinating, and supervising the activities of direct care and support personnel.

(8) Identifying personnel training needs and ensuring appropriate training is provided to inservice staff to ensure specific program requirements can be implemented.

(9) Using CDS volunteers in a manner that recognizes individual capabilities and expertise.

(10) Collecting data and maintaining accurate and up-to-date records.

(11) Providing program-generated statistical data for planning and reporting purposes.

f. Assistant program director(s). Assistant program director(s) will be provided in CDC programs with an ADA in excess of 150 children and/or where operating hours are in excess of 40 hours per week. Responsibilities will include assisting and substituting for the program director.

g. Family child care director. An FCC director will implement and manage the FCC system. FCC director responsibilities include—

(1) Applying professional knowledge of child development principles to implement CDS policies in a manner that ensures developmental programming practices within the FCC system.

(2) Establishing FCC certification procedures within regulatory guidance.

(3) Carrying out existing procedures, policies, and regulations.

(4) Developing economical and efficient operating procedures.

(5) Identifying program resource requirements and providing CDS budget input to include manpower, supplies, equipment, and expenditures required for program operation.

(6) Providing outreach services including a toy/equipment lending library to FCC providers.

(7) Identifying FCC provider training needs and ensuring appropriate inservice training is provided to ensure FCC program requirements can be implemented.

(8) Hiring, training, and supervising outreach workers and support staff.

(9) Using CDS volunteers in a manner that recognizes individual capabilities and expertise.

(10) Collecting data and maintaining accurate and up-to-date records.

(11) Providing program-generated statistical data for planning and reporting purposes.

(12) Implementing monitoring procedures for FCC homes to ensure regulatory compliance.

h. Family child care outreach worker. An FCC outreach worker will be provided in an FCC system that is comprised of more than 30 FCC homes. Responsibilities will include monitoring and training; and outreach services with each FCC outreach worker having a caseload of no more than 40 homes. FCC outreach workers will work under the direct supervision of the FCC director.

i. Supplemental Programs and Services director. An SPS director will implement and manage the SPS system. On small installations where an SPS director position is not authorized, the CDS coordinator should dual function in the position rather than dual function as the center director or FCC director. The

FCC director may dual function as the SPS director when the total number of installation FCC homes is 15 or less. SPS director responsibilities include—

- (1) Applying professional knowledge of child development principles to implement CDS policies in a manner which ensures developmental programming practices within the SPS system.
- (2) Supervising the SAS Program when CDS is the proponent agency.
- (3) Providing oversight and technical assistance for options to include short-term alternative child care (STACC), child care services for civilian employees, SPS homes, volunteer care in unit settings, CDS baby-sitting training and referral, parent co-ops, Foster Grandparent program, contracted services, private organization child care, sick child care, special interest programs sponsored by other Army activities.
- (4) Monitoring SPS options to ensure regulatory compliance.
- (5) Identifying program resource requirements and providing CDS budget input to include manpower, supplies and equipment, and expenditures required for program and facility operations and maintenance.
- (6) Identifying SPS personnel training needs and providing specific training to ensure SPS requirements are implemented.
- (7) Developing cost efficient and effective operational procedures.
- (8) Developing, monitoring and implementing CDS plans in support of mobilization.
- (9) Managing the recruitment, training, and referral of CDS volunteers.
- (10) Coordinating parent education services including CDS newsletters for all CDS delivery systems.
- (11) Managing implementation of alternative hourly care options (for instance, STACC and volunteer child care in unit settings (VCCUS)).
- (12) Establishing child care referral services to assist in child placement both on the installation and as part of an Armywide service.
- (13) Coordinating CDS participation in Armywide special events (for instance, Month of the Military Child, Army Family Week).
- (14) Providing program-generated statistical data for planning and reporting purposes.
- (15) Implementing and maintaining the CDS Central Enrollment Registry to refer and place children in appropriate installation CDS programs.
- (16) Maintaining a centralized waiting list for all CDS delivery systems to track and monitor child placements and vacancies.
- (17) Preparing all CDS statements of work necessary for initiating and maintaining contract child care services.
- (18) Assisting the CDS coordinator in monitoring delivery of all contract services.
- (19) Monitoring FCP s.

j. School Age Services coordinator. The SAS program coordinator will be provided to coordinate and manage all SAS operations at each installation. SAS program coordinator responsibilities include—

- (1) Applying professional knowledge of child development principles to interpret SAS policy in a manner that ensures developmental programming for all SAS operations.
- (2) Recommending a master plan for SAS programs based on needs assessment, facility availability, and existing programs.
- (3) Ensuring compliance of all installation SAS programs with regulatory requirements.
- (4) Applying knowledge of budget processes and techniques sufficient to develop budget input and monitor program expenditures.
- (5) Applying knowledge of personnel policies and procedures sufficient to supervise staff, initiate, review, and approve personnel actions.
- (6) Applying knowledge of staff training requirements in SAS subject matter areas and operational procedures.
- (7) Identifying, implementing, and monitoring staff training needs.
- (8) Coordinating SAS program food service operations, to include policies and procedures for food preparation, service, and storage.
- (9) Collecting and analyzing data to determine adequacy and effectiveness of all SAS programs.
- (10) Implementing procedures to ensure that SAS programs comply with program standards; and to monitor the quality of direct services and facility conditions.
- (11) Establishing performance standards and evaluating direct service personnel and when applicable, SAS program specialists.
- (12) Developing a plan for recruiting, training and referring CDS volunteers in a manner that recognizes individual capabilities and expertise.

(13) Establishing and maintaining effective working relationships with command, proponents, local civilian counterparts, staff, and parents.

(14) Evaluating all components of SAS programs to include program quality and operations, program staff, CDS volunteer and patron/user levels of satisfaction.

3–13. Child Development Services caregiving employees and Family Child Care providers

a. Program assistants and family child care providers. Program Assistant and FCC providers who are competent and trained will be available to maintain adult/child ratios required by this regulation and provide direct developmental care services to children. Responsibilities include—

(1) Implementing indoor and outdoor program activities that support children’s physical, social, emotional, and intellectual development.

(2) Encouraging children’s curiosity, problem solving, and task attainment.

(3) Role modeling communication and interaction skills for children.

(4) Extending children’s knowledge of concepts appropriate to their developmental levels.

(5) Recognizing individual differences in children and responding to their individual needs.

(6) Providing for children’s daily routines such as meals, snacks, toileting, and rest periods.

(7) Providing for physical safety and well-being of children.

(8) Administering minor first-aid and carrying out emergency measures in case of illness, accidents, fire or disaster.

(9) Communicating with parents regarding the child’s daily experiences within the program.

b. Program leads/technicians. Program leads or technicians will be provided in all age categories and programs in center-based setting. Responsibilities will include those of program assistants and the following:

(1) Ensuring development-enhancing activities are provided to all children within the age group.

(2) Selecting program materials appropriate to interests, abilities, and developmental needs of children served.

(3) Arranging child activity space to support developmental programming and management practices.

(4) Establishing a climate where children and adults interact constructively in a group setting.

(5) Working with families to provide continuity between the home and program.

(6) Role modeling child guidance techniques for caregivers, parents, and the support staff.

(7) Ensuring programs provide for equal opportunities for all children, regardless of race, sex, handicap, creed, or national origin.

(8) Serves as leader to program assistants with responsibilities for the operation of the activity and program following the most current procedural guidance from HQDA.

(9) Prepares and implements specialized care for children with special needs, for instance, handicapped children, children with disciplinary problems, or learning disabilities or gifted children.

(10) Maintaining records on individual children and groups.

c. Child development teachers. Responsibilities will include those of program assistants and program leads/ technicians and the following:

(1) Preparing courses of instruction and lesson plans for child activities.

(2) Employing teaching methods and techniques proper for child-age group category served.

(3) Ensuring program schedules and activities are responsive to needs, interests, and abilities of each child.

(4) Role modeling communication and interaction skills for children, direct services personnel, parents, and support staff.

(5) Role modeling child guidance techniques for direct services personnel, parents and support staff.

(6) Preparing topical presentations for direct services personnel, parents, and support staff workshops and inservice training.

d. Supervisory responsibilities. One Child development (CD) teacher, lead or technician must be designated for each age category in center-based settings or a maximum of two child groups within the age categories. A child group is composed of two caregiving employees and the corresponding numbers of children assigned to their care. In facilities constructed using CDS standard designs, at least one CD teacher, lead or technician will be assigned to each child activity module regardless of the number of child groups within the module. Responsibilities will include:

(1) First line supervision to include assignment of duties, training, and evaluation.

(2) Carrying out additional management duties relating to operating the program as specified by the program director.

3–14. Child Development Services support personnel

a. Child Development Services clerical workers. Administrative personnel will be provided to support the CDS coordinator and each CDC, FCC and SPS delivery system. Responsibilities will include—

- (1) Providing telephonic and on-site information.
- (2) Typing general correspondence and forms.
- (3) Performing receptionist duties.
- (4) Collecting data and maintaining children's records and program files.
- (5) Gathering and recording data required for reporting purposes.
- (6) Communicating with CDS personnel and patrons.
- (7) Entering and retrieving automated data.
- (8) Preparing and submitting required reports.
- (9) Preparing and submitting purchase orders.
- (10) Maintaining and updating data to support the CDS central enrollment registry.
- (11) Maintaining and updating data related to the CDS R&R service.
- (12) Processing, validating, maintaining, and updating FCC provider certification records.
- (13) Maintaining CDS personnel IDP files.
- (14) Assisting in establishing and maintaining toy/equipment lending libraries.
- (15) Coordinating employee annual and sick leave.
- (16) Maintaining inventory and property books.
- (17) Collecting and depositing cash receipts, completing the daily activity report, and maintaining inventory and property books.
- (18) Preparing and submitting work orders for maintenance and repair.

b. Cook. A cook will be provided in each CDC setting for food preparation, meal services, food production, recordkeeping and cleanup.

c. Food service. Food service workers will be provided as necessary in CDC settings to assist in food preparation, meal service, food production recordkeeping, and clean-up.

d. Cleaning service. Custodial workers will be provided in CDC settings where no contracted installation cleaning service is available or in addition to the contracted services in cases where needed (such as, infant and toddler areas with intensive cleaning service requirements).

3–15. Child Development Services volunteers

a. Volunteers in CDS delivery systems are considered persons providing gratuitous service in accordance with AR 215–1.

(1) Gratuitous services are those services accepted by CDS for which the person donating such services receives no present or future salary, wages or related benefits.

(2) The official use of the term volunteer may only refer to volunteers in ACS, unit family support groups and installation mayoral programs.

(3) CDS volunteers, as providers of gratuitous services, must execute the appropriate written agreement as indicated in AR 215–1.

b. CDS volunteers do not come under the coverage of 10 USC 1588, which provides for volunteers with regard to tort claims and compensation for work related injuries.

c. CDS volunteers are not covered under the Army Safety and Occupational Health Program, outlined in AR 385–10 which provides insurance for NAF employees.

d. CDS volunteers are not eligible to have their incidental expenses such as child care reimbursed with NAF.

e. CDS volunteers may not be used in any capacity for which others are or can be paid. They will not be counted in the ratios nor left alone with children. The Army may not direct or control the activities of CDS volunteers in an employer–employee sense.

f. Examples of authorized duties include—

(1) *Administrative duties.* Advisory and support group membership; participation in program planning and evaluation; development of child activity and staff resource materials when working under the direction of or in partnership with CDS employees.

(2) *Program duties.* Augmenting (but not substituting for) CDS caregiving employees in child activities and CDS management personnel for program enrichment purposes when duties are supervised by qualified CDS management personnel and ratios are met by CDS caregiving employees.

g. CDS volunteers may not serve as final program planning or policy setting authority.

h. Regularly scheduled CDS volunteers who work in CDS programs must meet CDS employee criteria in paragraph 3–9, staff health requirements (see para 4–25), training requirements as applicable, background screening requirements (see para 2–24), and locally determined health requirements; and must sign the Gratuitous Service Agreement (see AR 215–1). The CDS coordinator may waive the age requirement for individuals under 18 who are volunteering under the auspices of an installation program or a school or civic organization (such as, scouts).

i. CDS volunteers including parents, who are used only on an occasional basis, (such as, holiday celebrations and field trips) are not subject to staff health requirements in paragraph 4–26, the training requirements in paragraph 3–17, or background screening requirements in paragraph 2–24. They will meet CDS employee criteria (see para 3–9e) and sign the gratuitous service agreement.

j. New CDS volunteers will be assigned to work with experienced CDS personnel. Under no circumstances will CDS volunteers have direct unsupervised access to children.

k. The SPS director will develop a plan for referral and training of regularly scheduled CDS volunteers within all CDS delivery systems.

3–16. Program guidance

a. The CDS coordinator will receive written and oral policy guidance from the Chief, Family Support Division, and other designated representatives of the commander (such as, the DPCA), and the Assistant Director of Community and Family Activities. (see AR 5–3 for description of the Standard Installation Organization.)

b. Written and oral policy guidance will be provided on a continuing basis as follows:

- (1) CDS coordinator to all CDS system directors and TACS.
- (2) FCC director to outreach workers.
- (3) FCC director or outreach worker to FCC providers.
- (4) CDC center director to CDC program director(s).
- (5) CDC program directors to assistant program director(s) and supervisory personnel.
- (6) CDC supervisory personnel to teachers, program assistants and caregivers.
- (7) CDS coordinator or program director to CDS volunteers.
- (8) Rescinded.

Section III

Training

3–17. General

a. All CDS employees, FCC providers and CDS volunteers will receive training to ensure execution of their duties and responsibilities at a level supportive of program objectives. Caregiving personnel and FCC providers will successfully complete orientation training before they work directly with children.

b. TACS will be assigned to center and FCC delivery systems to establish and conduct initial and in-service training for employees and FCC providers as required by this regulation.

c. Topics for training may be selected from, but are not limited to, subjects referenced in CDS training subject blocks index as shown below.

- (1) Administration of medication.
- (2) Administration and supervision.
- (3) The Modern Army Record keeping System.
- (4) Behavior management techniques.
- (5) Child abuse identification and reporting.
- (6) Child abuse and neglect prevention and response.
- (7) Child Development Associate (CDA).
- (8) Child development norms/principles.
- (9) Child health and nutrition.
- (10) Child safety practices.

- (11) Curriculum development for infants.
- (12) Curriculum development for toddlers.
- (13) Curriculum development for preschool–age children.
- (14) Curriculum development for school–age children.
- (15) Financial management.
- (16) First aid.
- (17) Food service techniques.
- (18) Military correspondence.
- (19) National Association for the Education of Young Children (NAEYC) accreditation.
- (20) Observation/interviewing and screening.
- (21) Parent education.
- (22) Parent involvement.
- (23) Personnel management.
- (24) Preparing and conducting staff training/in-service workshops.
- (25) Public relations.
- (26) Sanitation practices.
- (27) Sick child care/HIV.
- (28) Space utilization for child activity areas.
- (29) Special needs.
- (30) Techniques in working with infants.
- (31) Techniques in working with toddlers.
- (32) Techniques in working with preschool–age children.
- (33) Techniques in working with school–age children.
- (34) Volunteer service management.
- (35) Other topics according to local requirement.

d. Required readings and videos will be read or viewed in center–based settings during daily child nap and rest periods.

e. Appropriate resources, including DoD Manual 6060.1–19M, standardized training materials provided by DCS, G–1 (DAPE–PDY) books, publications, and audiovisual materials that support CDS programming and administration will be available to all CDS personnel and FCC providers.

f. All CDS management personnel, but particularly the TACS will routinely interact with children and role model program activities procedures as an element of ongoing staff training.

g. Membership in national and local early childhood professional organizations and participation in training opportunities offered by these groups will be encouraged.

3–18. Individual Development Plan

IDPs will be developed for all CDS caregiving employees, FCC providers and management personnel. IDPs are required to ensure that a minimum level of initial and ongoing training is established for all individuals.

a. Training will be related to CDS program type, the individual's work assignment/type of FCC home, and the individual's competency level.

b. Training options will include readings, videos, workshops, observations, classroom/home environment assessments, and special projects.

c. All training should be competency based and designed in such a way as to be compatible with the Child Development Associate (CDA) credentialing criteria.

d. Credit hours given for IDP training may not equal hours spent in actual training, observing or evaluating. Actual number of hours required to complete a training requirement may exceed the number of credit hours given.

e. Training will be recorded on the following:

f. TACSs will meet with all CDC caregiving employees within 30 days of date of hire and all FCC provider applicants during the precertification period to set up an IDP.

g. Prior hours of training may be substituted at the discretion of the TACS if training falls within approved topics and can be verified by the issuing school, agency, or program.

h. Training credit may be awarded for college or other professional training taken during the training period based on submission of transcripts of courses relevant to child development and early childhood education.

- (1) The TACS will determine the amount of credit to be applied toward IDP requirement only after receipt of official transcripts.
- (2) A maximum of 12 credits will be allowed annually.
- (3) Orientation credit may not be given in this manner.
- i.* Caregiving employees and FCC providers who have earned a CDA or degree in early childhood education or related field may have specific training topics waived, but will still be required to complete 38 hours of initial training and 24 hours of annual inservice training.
- j.* IDPs will be reviewed quarterly by the TACS and the individual trainee using the worksheet format in figure 3–2 to assess progress and determine the needs for ongoing inservice training.
- k.* Signature verification of completion will be required both from the individual and the TACS.
- l.* Copies of IDP training records will be provided to transferring employees and FCC providers for reciprocal use at other Army installations.
- m.* DA Forms 5760, 5764 and 5765 will be placed in the official personnel files of CDS employees.
- n.* DA Form 87 (Certificate of Training) will be awarded to all individuals—
 - (1) Following the first 15 hours of entry level training for CDC employees.
 - (2) Following completion of the 23 hours of skill level training.
 - (3) Annually upon completion of 24 hours of inservice training.
 - (4) As locally determined for SPS personnel.
- o.* Training certificates (user designed) will be awarded to all FCC providers.
 - (1) Following completion of 20 hours of provisional certification training.
 - (2) Following completion of 18 hours of certification training.
 - (3) Annually, upon completion of 24 hours of inservice training.

3–19. Child Development Services management personnel

- a.* ID and installation CDS coordinators should attend—
 - (1) CDS training sponsored by to include update training and IMCOM Academy entry level management courses.
 - (2) CPO management related courses.
- b.* CDS system directors should attend IMCOM Academy sponsored entry level management course.
- c.* CDC directors should attend IMCOM sponsored CDC director Course.
- d.* Installation system and program directors, assistant directors, TACS, SAS program specialists, FCC outreach workers should attend—
 - (1) At least one professional training session per year dealing with developmental programming and administration related to their specific program type. Attendance at CDS program specific training workshops sponsored by IMCOM, is strongly encouraged.
 - (2) CPO management related courses.
- e.* Fire, safety, preventive medicine and security proponents will train CDS management personnel on procedures for conducting facility and home walk-through inspections.
- f.* All installation CDC and FCC management staff will complete the modules of the Red Cross Accident Prevention and Emergency Response Course or equivalent within the first six months of employment.
- g.* CDC directors and CDC program directors will receive initial and on-going training while working center programs for CDS. Orientation will be provided within the first two weeks of hire according to the most current guidance from HQDA. On-going training requirements in the training program for CDC directors and CDC programs directors should include those published as the CDS Management Personnel Cumulative Individual Development Plan (IDP) Training Record for the CDC directors as follows:
 - (1) Entry (within 3 months of hire) is as follows:
 - (a) Child Abuse Identification, Reporting, Prevention (DoD module).
 - (b) Child Protection: Everybody's Business (video).
 - (c) CARAT.
 - (d) Environment Rating Scale (instrument and video).
 - (e) First Aid.
 - (f) Cardiopulmonary Resuscitation (CPR).
 - (g) Parent-Center Partnership.
 - (2) Foundation Training (Within 12 months of hire).
 - (a) Food Service Sanitation.
 - (b) Special Needs Care.

- (c) Entry Level Management Course (CFSC Training Center).
- (d) CPO Beginning Supervisors Course.
- (e) Effective Writing and Communication.
- (f) Modern Army Record keeping System.
- (g) Peer Training at Model CDC Program.
- (3) On-Going/Annual Training is as follows:
 - (a) Professional Development Options (such as, NAEYC, national or regional conferences, Head Start regional training, local High-Scope seminar, director's professional network).
 - (b) CDC Director's Course (CFSC Training Center).
 - (c) Family Advocacy Staff Training Course.
 - (d) Food and Beverage Course (CFSC Training Center).

3-20. Specialized management training

a. The following FCC management personnel training will be provided to all FCC directors, outreach workers, and TACS assigned to the FCC Delivery system.

- (1) Interviewing skills.
- (2) Indicators of high risk homes and intervention measures to be taken.
- (3) Administration of the FCC CARAT follow-up actions.
- (4) Basic counseling skills.
- (5) Available referral sources in the community.
- (6) Legal issues and liability of FCC management.
- (7) Health, fire and safety maintenance standards.
- (8) Food and nutrition requirements.
- (9) Protocol for making a home visit.
- (10) Procurement and budget procedures.
- (11) Adult instructional methods/learning styles.
- (12) Unique requirements of the military environment.

b. The following CDC management personnel training will be provided to all CDC directors and TACS assigned to the CDC delivery system:

- (1) Interviewing and counseling skills.
- (2) Administration of the CDC CARAT/follow-up action.
- (3) Financial management.
- (4) Food service program education and oversight.
- (5) Protocol for conducting center/program tours.
- (6) Procurement and budget procedures.
- (7) Adult learning styles/instructional methods.
- (8) Unique requirements of the military environment.

c. The CDS coordinator will arrange this training using as many local resources as possible.

Section IV

Community Relations

3-21. Program publicity

a. The CDS coordinator will develop a plan to promote and publicize the program offered within CDS.

b. Command, staff, servicemembers, and their families should be aware of services offered and the location of CDS program facilities and administrative offices.

(1) The CDS coordinator should coordinate with the installation PAO to fully use information channels (such as, post newsletters, command bulletins or information letters; Armed Forces Radio and Television Network).

(2) Publication of a CDS bulletin is authorized according to AR 25-30.

(3) Signs publicizing CDS programs should be posted at conspicuous places such as the commissary and the PX bulletin boards.

3–22. Public relations

- a. The CDS coordinator will foster linkages between CDS programs and patrons, regulatory and support agencies, civilian and Joint–Service counterparts, and the general public.
- b. Efforts involving incorporation of family members caring for children within Government housing into the FCC system should be handled in a positive manner.
- c. All CDS employees and FCC providers will be responsible for projecting a positive public image and providing a courteous patron service that is responsive to patron needs.
- d. CDS employees and FCC providers should accommodate individual needs of children and parents regarding special provisions for care to the greatest extent possible within program and facility constraints.

3–23. Child Development Services parent advisory/support groups

- a. CDS parent advisory boards which include parents who are using the program on a regularly basis will be organized to provide consumer input and patronage support for each CDS program.
- b. These groups will include a majority of parental membership including sole and dual military parent representation, and may include representatives of installation support and regulatory agencies (such as, center/program director, FAPM senior commander or MTF designee, ACS, wives' clubs, installation morale, welfare and recreation).
- c. CDS parent advisory boards will include parental representation which reflects the mix of program services and program types offered on the installation. Parent(s) will be elected chairperson(s).
- d. Meetings will be open to all community residents.
- e. Groups will serve only in an advisory capacity. The board chairperson will forward recommendations for improving services through the program director to the senior commander for review and disposition.
- f. Parent advisory boards are not advisory committees and are not required to comply with the Federal Advisory Committee Act Amendments of 1997.
- g. A parent participation program which is a planned group of activities and projects will be established developed, and overseen by the parent advisory board with the advice of the program staff.
 - (1) The parent participation program will encourage parents to volunteer in child development programs, including special events and activities (such as, field trips, holiday events, and special curriculum projects), small group activities, special projects (such as, playground improvement, procurement of equipment, and administrative aid), parent education programs and training workshops to include child abuse prevention education for parents.
 - (2) The commander may reduce fees for parents who participate. The most current HQDA guidance will be followed.

3–24. Government agencies, professional organizations, and civic groups

Federal, State, and local entities may provide supplemental funding and resources for staff training and program development and operations. Services and subsidies available may include financial reimbursements; training opportunities; CDS subject matter publications; child vision, hearing, speech screening; and grants for pilot programs. CDS management personnel will be responsible for identifying applicable resources and initiating and maintaining contacts with responsible agencies.

Section V

Parent Relations

3–25. Parent involvement

- a. Parents are considered an integral part of CDS and will be encouraged to participate in significant aspects of any CDS program (see paras 5–4 and 6–4). This includes opportunities to—
 - (1) Have access to their children at any time.
 - (2) Observe their children within the program setting.
 - (3) Have daily contacts with CDS employees and FCC providers including the child's primary caregiving adult.
 - (4) Serve as CDS volunteers.
 - (5) Provide advisory input concerning administrative policies and programming issues.
 - (6) Participate in program quality assurance efforts through serving on the ICCET (see para 2–5).

b. CDS management personnel will ensure parents are aware of their responsibilities for program oversight to help ensure CDS programs meet standards and parents are provided services in accordance with regulatory guidance.

3-26. Parent information/education

Parents will be encouraged to increase their understanding of CDS program philosophy and objectives in order to reinforce the partnership between themselves and those who provide care for their children. CDS parent education programs must be initiated and will include the following:

- a. R&R services.
- b. Parent handbooks outlining policies and procedures.
- c. Parental access to child development books and publications.
- d. Opportunities for parent workshops and discussion groups.
- e. Parent conferences.
- f. Communication linkages such as newsletters and bulletin boards.
- g. Parent education services (see para 7-15).

ARMY CHILD DEVELOPMENT SERVICES INSTALLATION STAFFING PATTERN

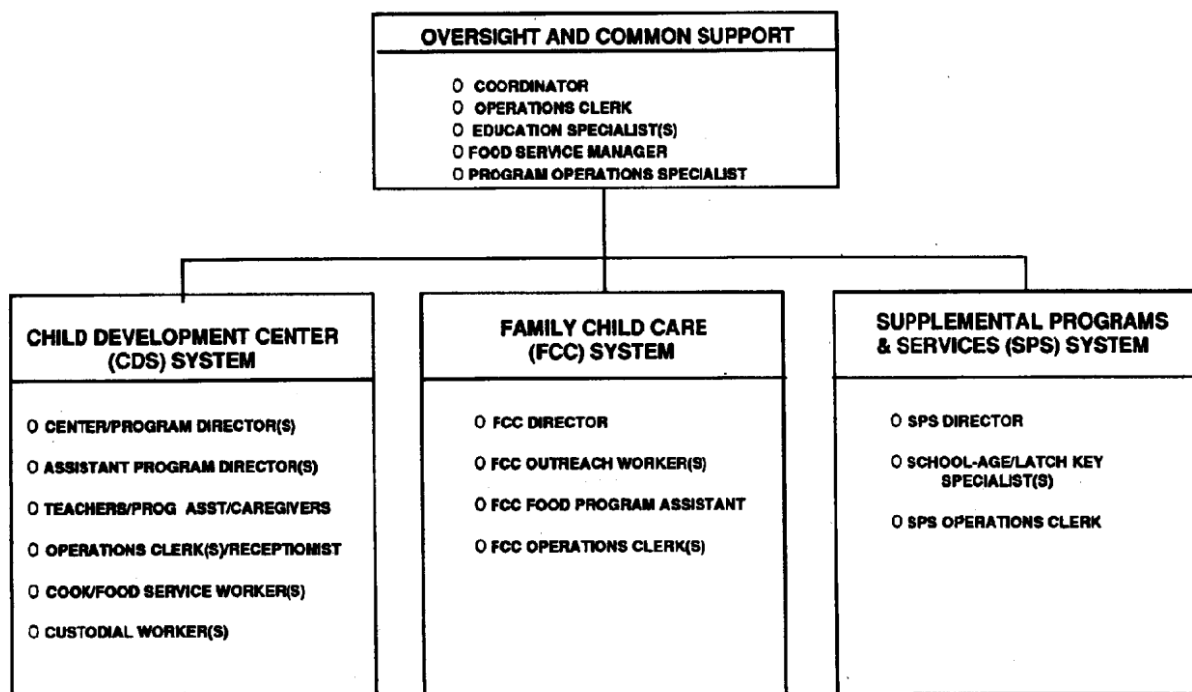


Figure 3-1. Installation staffing pattern

CHILD DEVELOPMENT SERVICES (CDS) INDIVIDUAL DEVELOPMENT PLAN (IDP) ANNUAL INSERVICE TRAINING REVIEW	Effective Date <u>June 90 to June 91</u> (12 month period)
NAME: Sara Childest INSTALLATION: Fort Typical POSITION: Caregiver	
NEEDS ASSESSMENT/ IDP DEVELOPMENT	DATE: <u> (dd/mm/yy)</u> QRTR: <u> 1 </u>
<p>Ms. Childest began working at the Fort Typical CDC in Sep 87. She had no previous experience with children. She is assigned to the infant room. Her initial 38 hours of entry level and skill level training have been completed and documented. The majority of her training this year will be focused around the CDC standard training materials.</p> <p>In conjunction with the "Healthy" and "Environment" modules which she will work on this quarter, she will assess applicable sections of her activity room using the environmental rating scale, completing the sections on caregiving routines, and room arrangement. TACS will complete same section, and both assessments will be discussed.</p> <p>Will read (Name of Book). Chapter 1 in (Name of Book). Section I in (Name of Material).</p>	
REVIEW OF TRAINING PROGRESS	DATE: <u> (dd/mm/yy)</u> QRTR: <u> 2 </u>
<p>First 2 modules (Healthy and Environment) and 2 rating scale components completed as planned. Training environment module and assessment process had major impact on room arrangement in infant activity room. Room no longer has separate sleeping room. Cribs and play areas integrated. Some children sleeping on cots. Nice crawl area created.</p> <p>Ms. Childest has questions on how to help infants learn to talk. Would like to do "Communication" module next.</p> <p>RECOMMENDATION: Begin "Communication" and "Physical" modules. Complete language, motor activities, and social development sections of rating scale. Complete required observation of lunchtime in FCC home with infant endorsement.</p> <p>Read "Caring for Infants" DoD Module, Chapter 2 in (Name of Material) and appropriate sections in (Name of Materials)</p>	

Figure 3-2. Child Development Services Individual Education Plan annual inservice training review

**CHILD DEVELOPMENT SERVICES - INDIVIDUAL DEVELOPMENT PLAN (IDP)
ANNUAL INSERVICE TRAINING REVIEW (CONTINUED)**

NAME: Sara Childest INSTALLATION: Fort Typical POSITION: Caregiver

REVIEW OF TRAINING PROGRESS

DATE: (dd/mm/yy)

QRTR: 3

Completed "Communication" and "Physical" modules, 2 rating scale sections, and observation in FCC home.

TACS observations in infant activity room show Ms. Childest talking to infants while changing diapers. Has set up low tables for older infants at meal time.

Is concerned about infant pulling hair, grabbing toys, and hitting. Suggested "Guidance" module next. Would also like to do "Creative" this quarter.

RECOMMENDATION: Complete modules: "Guidance" and "Creative." Complete rating scale section on creativity. Attend local AEYC winter workshop on "Art Activities for Infants," scheduled for 10 Dec. After attending workshop, will design project on art in child activity room and will do mini hands-on art workshop with other staff assigned to infant room.

REVIEW OF TRAINING PROGRESS

DATE: (dd/mm/yy)

QRTR: 4

Two planned modules and rating scale sections completed. Successfully conducted art project and mini workshop on pudding painting and finger painting with infants.

Ms. Childest would like to be a CDA candidate. Initial CDA observation scheduled for 16 April. We will meet every two weeks for next 3 months.

Will continue to complete 2 modules per quarter. Will prepare portfolio for CDA as each competency area is completed.

RECOMMENDATION: Excellent potential CDA candidate. Complete "Safe" and "Cognitive" modules. Will be responsible for daily safety check in activity room this qtr.

COMMENTS:

Sara Childest (HAS /HAS NOT) SATISFACTORILY COMPLETED THE REQUIRED TRAINING.

(Caregiver Signature)

(TACS or Trainer Signature)

INDIVIDUAL SIGNATURE

TRAINER SIGNATURE

DATE: (dd/mm/yy)

DATE: (dd/mm/yy)

Figure 3-2. Child Development Services Individual Education Plan annual inservice training review—Continued

Chapter 4 Program Core Requirements

Section I

Overview

4–1. General

- a. Program core requirements are applicable to all CDS delivery systems. Additional program component requirements are contained in chapter 5, chapter 6, and chapter 7.
- b. All CDS delivery systems must meet DoD and Army standards.

4–2. Structure and policy

- a. *Child eligibility.*
 - (1) Children of sponsors meeting eligibility criteria (see para 1–6) are authorized to enroll in programs within CDS delivery systems.
 - (2) Age eligibility factors are as follows:
 - (a) *Child development center (6 weeks–12 years).* See paragraph 5–2a(4) for allowable variances for newborn infants of sole/dual military parents.
 - (b) *Family child care homes (4 weeks–12 years).* See paragraph 6–9b for allowable variances for newborn infants of sole/dual military parents.
 - (c) *Supplemental Programs and Services (6 weeks–12 years or as specified).*
 - (3) Infant care in CDCs must be available to children beginning at 6 weeks. Restricting care only to older infants (such as, 6 months or above) is not permitted.
 - (4) CDS programs will provide reasonable accommodation for children with special needs in developmental care settings and may not deny access solely on the basis of a disabling condition. The role of CDS programs is to provide special needs children access to developmental child care services. CDS programs are neither required nor intended to assume special education services mandated by PL 94–142 and PL 99–457.
 - (a) A Special Needs Resource Team will function as a subcommittee of the Exceptional Family Member Program (EFMP) coordinating committee to address placement of children including recommendation of developmentally appropriate environment, adult/child ratios, group sizes and any necessary program adaptations. This team will include the CDS coordinator, special needs director, or designee and the (EFMP) coordinator augmented by appropriate expertise (such as, physician, psychologist, nurse, social worker, speech therapist, physical and occupational therapists) and the parents of the child involved.
 - (b) Care for the child will be coordinated by the EFMP coordinator with the SNRT as part of the individualized family service or education plan.
 - (c) The developmental, physical, emotional, and chronological age of the child will be considered when determining placement.
 - (d) Children will be mainstreamed within existing CDS programs.
 - (e) When more than 35 children designated as handicapped or special needs are mainstreamed in installation CDS delivery systems, a professionally qualified special needs director and supporting staff, if appropriate, as outlined in DA Pam 570–551 (**obsolete**) will be provided. This position may not be necessary if a TACS or other CDS personnel with special education backgrounds are part of the staff.
 - (f) The CDS coordinator or SPS director will provide points of contact to parents for available programs and services provided by local public school systems to meet this need as mandated by PL 94–142 and PL 99–457.
 - (g) Additional training requirements for caregiving employees and FCC providers providing care for children with special needs are specified in paragraphs 5–8d and 6–21e.
 - (h) Additional training requirements for caregiving employees and FCC providers providing care for children with special needs are specified in paragraphs 5–8d and 6–21e.
 - (5) Child development programs will comply with AR 600–75. Accordingly, no otherwise qualified individual with a disability will, solely by reason of her or his disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination in a child development program. This includes children with disabilities who meet the essential eligibility requirements for services and parents with disabilities whose children are receiving or seeking services in installation child development programs.

b. Parental responsibilities. The responsibility for rearing children rests with parents. The Army does not function as the legal successor-in-interest to the children of servicemembers. However, the Army will assist parents in discharging that responsibility during the times these children are enrolled in CDS programs.

c. Mission support requirements after duty hours and during mobilization, deployments and contingencies.

(1) Patrons who have mission requirements, mobilization, deployment, contingency or temporary duty (TDY) responsibilities after normal duty must make their own arrangements for child care.

(2) CDS will support unit requirements for child care during training exercises, and alerts to the extent possible. The SPS director or CDS coordinator will assess installation and private sector resources and advise unit commanders of child care options appropriate to specific requirements. Such recommendations will consider center-based extended care, FCC Extended Hours and Long-Term Care homes, trained CDS baby-sitters, and ACS foster homes, as well as available off-post options.

(3) In accordance with installation requirements, a designated number of FCC providers should be recruited to provide child care services which support mission requirements after normal duty hours. When the FCC system has limited openings, new provider applicants should be restricted to those who agree to provide extended hours and long-term care services if there is an unmet demand for these services.

(4) Center operating hours for full-day programs will reflect installation variable duty hours including accommodations for alerts and physical training schedules for active duty military, when the demand for extended hours care is for 10 or more children (or fewer children if determined appropriate by the senior commander).

(5) The senior commander will consider needs of sole/dual military parents and emergency essential civilians when determining the operational hours for programs within CDS system.

(6) Sole/dual military parents and emergency essential DoD civilians will be given priority for services when care is needed to meet mission requirements.

(7) Servicemembers required by AR 600-20 to have a FCP and all single parents emergency essential single parents, where both parents are emergency essential and dual military couples who use CDS for regularly scheduled care options (full, part-day care, part-day school-age care and part-day preschool programs) must provide accurate FCP information which will remain in the CDS Central Enrollment Registry. A duplicate copy of this information will be retained in the child's file in the primary child care setting. Parents will provide update information to the SPS director annually or more frequently if necessary to update information. The SPS director will forward new information to the primary child care setting.

(8) As an addendum to the ICCAP (see chap 2, sec VIII), CDS staff and installation functional proponents will develop a MAC plan. The MAC plan will address child care needs during mobilization, deployment, and local emergency situations (such as, natural disasters, sudden facility/program closures, support for humanitarian efforts and final months of base closures).

(a) The CDS MAC plan will document anticipated demand, assess current capabilities, outline potential care options/services, and identify necessary facility, personnel and financial resources. The MAC plan should also address needed policy modifications (which still safeguard the health, safety and well-being of children in care) that will permit timely implementation of flexible and responsible child care options.

(b) Short-term policy modifications and waivers for interim MAC initiatives may be approved locally by the senior commander in consultation with CDS and functional proponents. However, when the extraordinary circumstance is over, applicable standards and requirements must again be followed.

(c) The CDS MAC plan will be approved by the senior commander and referenced in the Installation Mobilization Plan.

(d) At a minimum the CDS MAC plan will be monitored for feasibility and current applicability as part of the annual ICCET process and reviewed during each MCCET/ACCET inspection.

(e) The SPS director will assume the lead responsibilities for the MAC plan in accordance with para 3-12i.

(9) The most current HQDA procedural guidance on the MAC plan will be followed.

Section II

Program Management Compliance Requirements

4-3. Management oversight

a. The CDS coordinator, system directors, facility and program directors, and TACS will meet at least monthly to assure coordination and implementation of CDS policies, provide feedback on oversight visits, disseminate new information and identify program concerns.

b. The CDS coordinator will—

- (1) Conduct weekly oversight visit to each center.
- (2) Visit a minimum of three FCC homes per month in an oversight capacity.
- (3) Set up comparable oversight procedures to monitor SPS care options/services.

4-4. United States Department of Agriculture Child and Adult Care Food Program

All U.S. installations including Puerto Rico will be enrolled in the USDA CACFP.

a. U.S. Army CDS programs will serve as the CACFP sponsoring agency for installation FCC providers.

b. All eligible CDS delivery system components in CDC, FCC, and SPS will be enrolled in the CACFP.

c. An annual letter of approval will be issued by IMCOM CDP to be submitted by the installation in lieu of State licensing to the State or regional agency responsible for CACFP administration.

d. Installations requesting initial approval to enroll in the CACFP will receive a pre-enrollment technical assistance/ monitoring visit from DCS, G-1 (DAPE-PDY). Installations currently enrolled in the program will receive monitoring on-site from higher headquarters a minimum of every three years.

e. Installations will comply with all CACFP regulations pertaining to enrollment of children, recordkeeping, and nutritional requirements.

f. USDA funds may not be used to reimburse positions, materials, or equipment which are paid for by appropriated funds including APF/NAF reimbursed positions.

- (1) USDA CACFP funds will be accounted for as separate identifiable data.
- (2) No advance funds or start-up funds will be accepted from the USDA CACFP.
- (3) Installations will cooperate in all USDA audits. USDA CACFP financial transactions will be maintained in CDS files for three years or as required by the USDA state or regional administrative agency. Copies will be sent to IMCOM and be available upon request by DCS G-1, (DAPE-PDY) (see para 4-35, para 5-6, and para 6-7).

4-5. Child Development Services central enrollment registry

a. An installation CDS Central Enrollment Registry of all children enrolled in CDS programs including the SAS program regardless of proponentcy will be implemented. The registry will—

- (1) Ensure care is available to the maximum number of eligible patrons, both military and civilian.
- (2) Serve as a “one stop” service to CDS patrons.
- (3) Monitor placement of children.

b. The CDS Central Enrollment Registry will be implemented as part of the SPS delivery system and will be located in a convenient site for all incoming personnel. Installations with unique demographic situations may implement substations for enrollment, however consolidated data must be maintained at a central location. The CDS Central Enrollment Registry should be identified as an out processing point when personnel are transferred from the installation to ensure departing personnel are removed from the CDS waiting list and to verify final payment for services.

c. An excess demand waiting list and preference for care and projected demand subwaiting lists will be maintained as needed and continuously updated by the Central Enrollment Registry. The SPS director will develop an SOP for maintenance of the centralized waiting list system based on the current procedural guidance from HQDA. Administrative procedures will include—

- (1) Designated employee(s) who maintain the waiting list and the subwaiting lists.
- (2) Designation of a readily accessible location for the list.
- (3) Recording of regular updates, no less than quarterly.
- (4) Program directors' responsibility for notifying the Central Enrollment Registry personnel when children are withdrawn from the program.
- (5) Established installation policies addressing waiting list issues. These policies will cover the following items:

- (a) Central Enrollment Registry planning team membership and operation.
- (b) Priorities for service in accordance with paragraph 1–6, and installation policies for placement of siblings.
- (c) Time allowance between notification and required attendance to ensure the timely filling of vacancies.
- (d) Procedures to ensure no duplications are included in information reported to higher headquarters when central enrollment substations are used.
- (e) Installations will follow the most current waiting list procedural guidance issued by HQDA.
- (f) Time allowance between notification and required attendance.
- d. Sole/dual military parents will be given priority on waiting lists for CDS programs which support duty requirements.
- e. Unborn infants may be placed on waiting lists prior to birth. Unborn infants who reach the top of waiting list prior to the child's birth may retain their priority status until child is six weeks of age or until a vacancy is available after that time.
- f. Parents may not use their priority status more than once in a given program, except in unusual circumstances approved by CDS coordinator. Priority status on waiting lists is forfeited, if parent(s) turn down an available vacancy when offered by CDS program, except in unusual circumstances approved by the CDS coordinator.
- g. FCP information will be authenticated, retained, and update according to paragraph 4–2c(7).
- h. Program directors in full–day and part–day CDC programs, regularly scheduled SPS programs, and FCC systems will notify the CDS central enrollment registry when children are withdrawn from a program.

Section III

Program Operations Compliance Requirements

4–6. Admission criteria

- a. *Registration requirements.*
 - (1) Parents or guardians will complete and sign or provide a copy of DA Form 5224 for each child:
 - (2) Where applicable, the parent or guardian will submit the following:
 - (a) USDA CACFP enrollment forms (U.S. only).
 - (b) FCP.
 - (3) The USDA CACFP Enrollment Form must be completed prior to provision of child care services.
 - (4) DA Form 5224 and the FCP must be completed within 30 days of enrollment or service may be denied.
- b. *Child health requirements.*
 - (1) Children accepted for care in CDS programs must—
 - (a) Be free of communicable diseases.
 - (b) Have documentation or record of all age appropriate immunizations as determined by MTF and based on the Advisory Committee on Immunization practices.
 - (c) Have had a health assessment completed by parents and medical staff within the past calendar year or within 30 days following enrollment. Child's placement may not be dependent only on test results. The physical examination will be completed once upon admission, and the form update and initialed annually by the parent. If the parent indicates a significant change in the child's health status, a current medical examination will be required.
 - (2) A waiver of the immunization requirement must be approved in writing by the Chief, Preventive Medicine or health consultant. Parents must be counseled that children with waivers will be excluded from the program in the event of vaccine preventable communicable disease outbreak.
 - c. *Requirements.* The CDS coordinator/system directors will determine registration requirements in emergency care situations. Requirements will be documented in the emergency SOP.

4–7. Program enrollment

- a. Parents will be interviewed by telephone or in person to determine which CDS program will best meet the needs of the child and family.

b. Patrons interested in FCC will be informed of available FCC vacancies that could meet their child care needs. Parents will deal directly with those FCC providers to whom they have been referred. Whenever possible, parents should be given several FCC provider referrals.

c. System/program directors will inform parents verbally and in writing of program policies including eligibility criteria, limitations of service, admission criteria, health requirements, developmental activities, discipline and touch policies, transportation, notification criteria, hours of operation, fees, parental access to care setting, parental responsibilities, and unique local requirements.

d. Parents and children will be offered an opportunity to tour child activity rooms modules within CDC, FCC home, and SPS settings as part of the enrollment process.

e. Whenever possible, children will be interviewed or observed by CDC personnel or FCC providers prior to enrollment in full-day and part-day programs.

f. Upon admission to any CDS program, parents will have the option to remain with the child until all feel comfortable with the program.

g. If on-post programs are at capacity or cannot meet the needs of a child or family or at the request of parents, off-post information may be made available to parents through the SPS system.

4-8. Daily admission and release procedures

a. Parent access.

(1) Parents will have access to their child's activity room/module or the FCC home during all times of child attendance.

(2) Children enrolled in CDS programs will be delivered to and picked up from their designated care settings by parents or a parent designee. This does not preclude group busing of children to a specific CDS facility or program (see para 4-11). Children who are not bused must be taken directly to their child activity room/module in center-based settings and may not be dropped off either outside the facility or at the reception desk.

(3) Parents will be able to exchange information upon children's arrival and departure with the caregiving staff and FCC providers who care for their children.

(4) Parents are responsible for the children's safe arrival and departure from the facility/program or busing area.

b. Child health screening. Designated center-based and SPS personnel and all FCC providers will observe each child for obvious signs of illness upon arrival and before the parent leaves. Routine temperature taking is not authorized.

c. Child release.

(1) Children may not be released to siblings or other children under age 13 unless approved by the program director on a case-by-case basis.

(2) School-age children may not leave a program unaccompanied without written permission from the parent.

(3) No parent may be denied access to a child including the right to pick up a child from a CDC, SPS program, or FCC home unless a copy of the custody agreement or court restraining order that relinquishes such parental rights is on file in the caregiving site.

(4) CDS personnel and FCC providers will coordinate with the Provost Marshal Office regarding release of children to parents or authorized release designees who appear to be under the influence of alcohol or drugs. Procedures will be addressed under an SOP on this area.

4-9. Limitations of service

a. No more than 12 hours of continuous care per child should be provided in any CDS program with the exception of services provided in FCC homes authorized to provide extended hours or long-term care, or under circumstances approved by the CDS coordinator.

b. Care for children enrolled in full-day programs should not routinely be provided for more than one hour prior to and following parental duty/work hours.

4-10. Discipline

a. CDS personnel will discipline in a consistent way, based on an understanding of individual needs and behaviors of children at varying developmental levels. Simple, understandable rules will be established so that expectations and limitations are clearly defined.

b. Discipline will be constructive in nature, including such methods as diversion, separation of child from situations, praise of appropriate behavior, or gentle physical restraint such as holding.

c. A child may not be punished by—

(1) Spanking, pinching, shaking, or other corporal punishment. (See para 2–28 for touch policy.)

(2) Isolation away from adult sight/contact.

(3) Confinement in closets, boxes, or similar places.

(4) Binding to restrain movement of mouth or limb.

(5) Humiliation or verbal abuse.

(6) Deprivation of meals, snacks, outdoor play opportunities, or other program components. Short-term restrictions on the use of specific play materials and equipment or participation in a specific activity are permissible.

(7) Extended periods of “time out” (such as, in excess of one minute per year of age).

d. A child may not be punished for lapses in toilet training or refusing food.

e. Highchairs and cribs will not be used for discipline purposes.

f. Biting policies will focus on modifying child behavior within the existing environment rather than “suspending” the child. When this is not possible, the SPS director will assist parents in obtaining care in another CDS setting if available.

4–11. Transportation

a. CDS employees and CDS volunteers will not use private vehicles to transport children for CDS sponsored activities on a routine or scheduled basis except in a case of emergency. Government vehicles, either NAF or APF, will be used to ensure insurance coverage through the Army Safety and Occupational Health Program, outlined in AR 385–10 or coverage under the Federal Torts Claims Act. Busing of children enrolled in CDS is authorized in accordance with AR 58–1.

b. FCC providers will not transport children in a private vehicle unless such transportation is specifically authorized in writing by the child’s parent or guardian (see fig 6–4).

(1) Such transportation is at the risk of FCC provider and parent/guardian concerned and is specifically not covered in the Army Safety and Occupational Health Program, outlined in AR 385–10.

(2) Parents and guardians will be responsible for determining on their own, the amount and extent of an FCC provider’s automobile insurance policy coverage and whether or not that policy specifically covers a death or injury occurring to a child being transported by the FCC provider during the course of conducting a child care business.

(3) An optional parental permission/waiver statement regarding transportation of children by the FCC provider is contained in figure 6–4.

c. When transporting children, the same adult/child ratio will apply as is required in the FCC home or CDC for the ages and number of children being served. Drivers of automobiles may be counted in the adult/child ratios.

d. The driver and vehicle must comply with all State and local laws and installation regulations pertaining to vehicles.

e. Each child will board or leave the vehicle from the curb side of the street.

f. Individuals using private vehicles on a non–routine basis while transporting children must carry vehicle liability insurance.

g. Evidence of compliance regarding vehicle liability and medical insurance will be required when a private vehicle is used.

h. No child will be left unattended in a vehicle.

4–12. Television/radio

a. Television sets and radios will be used sparingly, if at all, and limited only to those programs that are developmentally appropriate to the age of the children in attendance. Television viewing is not appropriate for infants or toddlers.

(1) At no time will children be forced to watch television.

(2) Television sets and monitors will not be permanently located in CDC child activity rooms/modules.

b. Television may not be operated as background accompaniment while other child activities are being offered.

4–13. Rest and quiet

- a. Rest periods will be provided appropriate to ages and needs of children with at least one hour scheduled for all children under five years enrolled in full–day care.
- b. Children who cannot rest or sleep may participate in activities that do not disturb others who are sleeping. Children who have rested for the minimum period should not be required to remain in the napping area.
- c. Provisions will be made for each child to rest or nap on an individual bed, crib, cot, couch, or mat.
- d. There will be one crib, cot, or mat for every child under 18 months in attendance for full–day care and at least one crib, cot, or mat for every two children under 18 months of age enrolled for hourly care. Minimal use of cribs for children over 12 months is recommended.
- e. Reduced–sized cribs may be used instead of, or in addition to, standard–sized cribs. Crib slat spaces will not be greater than 2 3⁄8–inches.
- f. There will be a cot or mat available for each child over 18 months of age who is present during group rest and nap periods.
- g. Mattresses will have waterproof covers. Cots, mats, or cribs must be sanitized before being used by another child and after a child has soiled a mattress during a toileting accident. If labeled with a child’s name and used by that child continuously, they will be sanitized weekly or as needed.
- h. Each child using a cot, mat, or crib will be given a bed covering if needed. Bed coverings must be laundered before being used by another child. If used continuously by one child, each item will be labeled and must be laundered weekly or as needed.
- i. Pillows will not be used for children under three years.
- j. Cribs, cots, or mats must be placed at least two feet apart on all sides while being used by children sleeping or resting. Cribs with solid headboards may be placed head to head when used by children under nine months of age.
- k. Separate crib rooms in center–based settings are not permitted. Crib and play areas will be integrated to preclude isolation of sleeping infants.
- l. Total room darkening at anytime is not necessary in any areas. Rooms will not be darkened during rest/sleeping periods to the extent that adult visual supervision is limited.
- m. Adults may not lie or sleep on children’s cots or on the floor. This does not preclude caregiving employees and FCC providers from sitting with children to settle them for resting.

4–14. Diapering and toileting

Toilet facilities will be available to children at all times.

- a. Toilet training will be cooperatively planned by caregiving employees and FCC providers and parents so there is a consistent toilet routine available at home and in the care setting.
- b. Settings providing care for children under three years of age will be equipped with complete diapering areas which meet the following criteria—
 - (1) Diapering surface is used only for diapering. Children may not be changed in cribs or on the floor.
 - (2) Hot and cold running water is immediately adjacent to the diapering area.
 - (3) Diapering area is not adjacent to food preparation and serving areas.
 - (4) Diaper bags, disinfectants and so forth, are stored out of reach of children.
- c. Diaper changing surfaces will be—
 - (1) Covered with washable material which can be thoroughly cleaned after each use.
 - (2) Smooth, non–porous, water–proof and free from cracks or crevices.
- d. Free standing diaper changing tables will have either a safety strap to retain children or a raised edge to prevent children from rolling off the surface.
- e. Procedures for diaper changing as recommended by the U.S. Centers for Disease Control will be followed (see app C).
- f. All CDS programs will use only disposable paper diapers. (Exceptions to this policy will be allowed only upon receipt of a signed physician’s statement directing the use of cloth diapers.)
- g. Soiled diapers will be placed in plastic bags, sealed and disposed of in a separate trash receptacle. This receptacle will be emptied frequently, cleaned and sanitized at a minimum daily.
- h. Center employees and FCC providers providing routine daytime care will not wash children’s soiled clothing. All soiled clothing will be sealed in a plastic bag and returned to the parent. When a child is in care more than 24 hours, the FCC provider may launder clothing only if clothing soiled with body fluids or excrement is washed separately from other laundry.

i. In center–based settings, portable training chair receptacles will only be used with the approval of environmental health and preventive medicine personnel.

j. Portable training chair receptacle frames and containers must be made of a smooth, non–porous material which is easily cleaned. Wood frames may not be used. The container must be easily removable and fit securely into the frame. Portable training chair receptacles must be emptied and sanitized with a solution of one part bleach to ten parts water after each use.

4–15. Night care

The following will apply to all care given between 1800 and 0600:

a. Children in CDS programs for the evening hours but who do not spend the whole night will be allowed to sleep, if needed. Children enrolled for night care may remain in the center–based or FCC home more than 12 hours in order to avoid disrupting sleeping patterns.

b. A bed, cot, or crib with individual sheets and blankets will be provided for each child in night care. Parents may be required to provide rubber sheets for children who bed wet.

c. Each child present when the evening meal occurs will be served unless the child has eaten before coming to the program or will leave before 1900. A nighttime snack will be available to all children at a regularly scheduled time. Breakfast will be served to all children who remain in the center or home for more than 60 minutes after waking for the day.

d. Children who remain overnight will have a shower, tub, or sponge bath as needed for body cleanliness. When a bathtub or sponge bath is used, fresh water must be drawn for each child and the tub or basin will be cleaned after each use. Caregiving employees and FCC providers must be in the room while children under five years of age are bathing.

e. Each child will have individually labeled sleeping garments, washcloth, towel, toothbrush, and one change of clothing.

f. Evening and morning schedules of program activities will be planned for the hours that children are awake. An area separate from that used for sleeping must be provided for non–sleeping children to engage in these activities.

g. Adult/child ratios and staffing patterns will be maintained in CDC settings during nighttime operating hours with a minimum of two staff per child activity room/module.

h. CDC staff and FCC providers will be trained in the emergency evacuation of sleeping children.

i. CDS personnel in center–based settings must be awake at all times.

j. Center–based settings operating during darkness will have emergency lighting or wall–mounted emergency lights for each room used by children.

Section IV

Developmental Programming Compliance Requirements

4–16. General

a. All CDS programs will reflect knowledge and understanding of the growth and development of children. Programs will provide experiences that enhance and support children’s physical, social, emotional, and intellectual development, regardless of the setting or length of time in care.

b. The following practices characterize developmentally appropriate programming:

(1) Developmental programs are based on both age and individual appropriateness.

(2) Children are encouraged to solve problems, initiate activities, explore, experiment, question and gain mastery, through learning by doing.

(3) Curriculum planning emphasizes learning as an interactive, integrated process.

(4) Learning activities and materials are concrete, real, and relevant to the lives of children.

(5) Workbooks, worksheets, dittos, coloring books and adult–made models of art projects for young children to copy will not be used.

(6) Language understanding and use is fostered in an atmosphere which encourages easy communication among children and between children and adults.

(7) The 13 functional areas as outlined in the National Child Development Associate (CDA) competencies will provide a framework for determining the skill level of caregiving employees and FCC providers.

c. Developmental programming is identified and characterized by the following: child/family orientation; supportive management policies and procedures; appropriate resource allocation and use (for instance, space, time, equipment, materials, and personnel); and recognition of unique age group requirements.

4–17. Child/family orientation

CDS delivery systems will meet parental needs for safe, affordable, accessible, quality child care.

a. Caregiving employees and FCC providers will be responsive to children’s needs for emotional support and provide program activities appropriate to their individual developmental levels and abilities.

b. Parent and program partnership in the care of children will be demonstrated by written and oral communications, opportunities for parent education and involvement, and daily access to child activity room/module areas.

4–18. Management

Policies and procedures will show awareness of children’s needs by—

a. Staffing patterns and child placement to reduce the number of CDC personnel that the child must relate to on a daily basis.

b. Enforcement of ratios and group sizes.

c. Use of qualified personnel.

d. Enforcement of positive child guidance practices.

e. Consistent, prompt, and appropriate attention to the physical needs of children.

4–19. Space

Play areas and furnishings will be clean, orderly and arranged to allow space for developmentally appropriate experiences for young children.

a. Areas will include open floor space for crawling, exploration, and active play; and protected settings for rest, study, and quiet activities.

b. Space arrangements will support independent functioning by allowing children to choose activities, and locate and replace toys and materials with minimal adult aid.

4–20. Time

Scheduled daily indoor and outdoor activity periods will be planned for all children (including infants) to include routines and a balance of active and quiet play periods with large and small muscle activities. Activity periods will include—

a. *Group experiences.* Opportunities for two or more children to interact personally and share materials.

b. *Individual experiences.* Personal interactions with personnel.

c. *Child-initiated experiences.* Opportunities for child control of process or outcome.

d. *Adult-initiated experiences.* Opportunities for adults to teach and demonstrate the process of acquiring new skills and for children to function within the framework of a directed activity such as cooking.

e. *Environmental experiences.* Opportunities for children to have first-hand experiences such as sensory activities and field trips.

4–21. Equipment and materials

Indoor and outdoor program equipment and materials will be provided in the learning environment that are safe, durable, in working order, and appropriate to age levels, abilities, and interests.

a. Materials will include those with open-ended use and those that have a prescribed use or are self-correcting.

b. Toys and equipment must be available and used to support the program activities noted in paragraph 4–20. Quantities of materials and equipment will be sufficient to avoid excessive competition among children and long waits for use.

4–22. Caregiving competencies

Caregiving employees and FCC providers working with children must demonstrate on the job competencies compatible with the CDA philosophy and will—

a. Provide a safe environment to prevent and reduce injuries.

b. Promote good health and nutrition and provide an environment that contributes to the prevention of illness.

- c. Use space, relationships, materials, and routines as resources for constructing an interesting, secure, and enjoyable environment that encourages play, exploration, and learning.
- d. Provide a variety of equipment, activities, and opportunities to promote the physical development of children.
- e. Provide activities and opportunities that encourage curiosity, exploration, and problem solving appropriate to the developmental levels and learning styles of children.
- f. Actively communicate with children and provide opportunities and support for children to understand, acquire, and use verbal and nonverbal means of communicating thoughts and feelings.
- g. Provide opportunities for children to explore sound, rhythm, language, materials, and space in individual ways and to express their creative abilities.
- h. Provide emotional security for each child and help each child to know, accept, and take pride in accomplishments and to develop a sense of independence.
- i. Help each child feel accepted in the group, learn to communicate and get along with others, and encourage feelings of empathy and mutual respect among children and adults.
- j. Provide a supportive environment in which children can begin to learn and practice appropriate and acceptable behaviors as individuals and as a group.
- k. Establish positive productive relationships with families.
- l. Use all available resources to ensure an effective operation.
- m. Make decisions based on knowledge of early childhood growth and development theories and practices, promote quality in child care services, and take advantage of opportunities to improve competence, both for personal and professional growth and for the benefit of children and families.

4–23. Age group program requirements

Program and activities will reflect the developmental needs unique to the ages of the specific children under care.

a. Infants.

- (1) Information will be obtained from parents and daily observation to allow personnel to individualize routines and program activities for each child.
- (2) Infants will be allowed to form and follow their own normal sleep and feeding schedules.
- (3) Infants will not remain in cribs when awake except for short periods of quiet play not to exceed 15 minutes.
- (4) Infants will be held, rocked, and allowed frequent daily play opportunities on the floor or in large protected crawl areas.
- (5) Adults will frequently talk and sing to infants on an individual basis to encourage speech and language development.
- (6) Opportunities will be provided for activities that develop large and small muscles.
- (7) Infants will be taken outside daily, weather permitting.

b. Toddlers.

- (1) Cribs and high chairs will not be used for children over 18 months.
- (2) Toilet training will occur in a manner and time frame consistent with the child's developmental readiness.
- (3) Well-defined limits and behavioral guidelines will be established within the activity space.
- (4) Opportunities will be provided for—
 - (a) Walking, crawling, climbing.
 - (b) Manipulative experiences to develop large and small muscles and perceptual/motor coordination.
 - (c) Increasing attention span through group and individual activities.
 - (d) Developing speech and language skills.
 - (e) Independent functioning and attainment of self-help skills such as feeding, dressing, and toileting.
 - (f) Repetitive play to practice recently acquired developmental skills.

c. Preschool age children.

- (1) Activities and schedules will be planned to promote cooperative play, positive peer relationships, understanding of others needs, and the ability to handle and express their feelings in an acceptable manner.
- (2) Equipment, activities, and space will be provided for perceptual/motor coordination and the development of large and small muscles.

(3) Activities and materials will be provided to stimulate interest in readiness concepts such as size, shape, color, letters, and numbers. Formal instruction in reading and writing is not appropriate for children under five years.

(4) Opportunities will be provided for experiences with cause and effect relationships, problem solving, and language development.

d. School-age.

(1) Children ages six and up should not be included in mixed age groupings with younger children in center-based settings if at all possible.

(2) CDC programs will have separate entrances and be located away from younger children's activity room/module whenever possible.

(3) A range of activity choices will be available that allow a change of pace between elementary school and the CDS program. School-age programs will complement, not duplicate children's school experiences.

(4) Protected spaces for studying and homework will be provided.

(5) CDS personnel will encourage and support children in their efforts to participate in after school and community activities.

(6) A transportation agreement will be established between the parent and CDS personnel concerning school and activities-related transportation responsibilities.

(7) CDS personnel will coordinate activities with the SAS program.

Section V

Health Compliance Requirements

4-24. General

The information contained in this section will be incorporated into all installation CDS health SOPs to ensure consistency throughout Army programs. The CDS coordinator and individual program directors will ensure all care provided is done in a safe and healthy manner consistent with recognized standards for health, sanitation, and safety.

4-25. Adult health requirements

a. All CDS personnel, will be in good health as evidenced by the pre-employment physical. Additionally, a determination must be made as to whether these individuals, as well as persons residing in FCC homes, have any communicable diseases. Where the health of any child is at risk, the parents/guardians will be notified. The question of whether or not a disease is communicable is a medical decision made by a physician after careful consideration of the presence or absence of conditions necessary for the transmission of the disease. Any action involving the hiring, firing, or other condition or privilege of employment, certification or decertification, involving individuals who have a communicable disease should be made by CDS management personnel after consultation with medical professionals, and where applicable, the installation CPO employee relations branch. Before taking such action, the following factors should be considered:

(1) How the disease is transmitted.

(2) The duration of the risk.

(3) The severity of the risk.

(4) The probability of the transmission of the disease causing harm.

b. If CDS personnel are found to have a communicable disease, consideration must be given to providing reasonable accommodation for this condition, such as by reassigning the affected employee to an administrative position where children and other personnel are not at risk or closing an FCC home. When FCC certification must be temporarily suspended to prevent the spread of a communicable disease, CDS management personnel will make arrangements for alternative care for the children. FCC certification will be delayed, denied, or suspended until there is no health risk to the children.

c. All CDS personnel will have a medical assessment before employment or certification. This evaluation will include a tuberculin skin test or chest X-ray, and other tests deemed appropriate by the occupational health service. Testing for susceptibility to and vaccination against rubella is strongly recommended. Requirements for immunization against other vaccine preventable disease and other significant diseases among caregiving employees, FCC providers and children should be considered by the

occupational health service staff and health consultant. Documentation will be maintained in the personnel file of the program to which the individual is assigned.

d. Personnel must be able to walk, bend, stoop, and stand for prolonged periods. They must also be able to lift 40 pounds.

e. Health requirements for regularly scheduled CDS volunteers will be locally determined.

4–26. Child health requirements

a. Admission criteria (see para 4–6b).

b. Health records. Health records will be on file at the care site as long as the child is enrolled.

(1) Any restrictions or special precautions concerning diet, medication, or allergies will be specified in the child's medical records.

(2) Records of child allergies will be kept in CDS programs.

(3) Physician recommendations will be implemented by CDS personnel within program capabilities.

Parents will be notified immediately if physicians' recommendations cannot be met.

c. Child health screening (see para 4–8b).

4–27. Care of children infected with human immunodeficiency virus

The following guidelines apply to the care of all infants and children ages 4 weeks through 12 years of age regardless of their stage of infection with the HIV, and are based on the need to protect HIV–infected children from the risk of acquiring illness or infections common in other children with normal immune systems.

a. Placement of an HIV–infected child into Army sponsored CDS programs will be determined on a case–by–case basis. The goal of the placement decision is to provide the optimal setting for care based on the overall health status of the child. Factors which will be considered in the decision include neurological development, behavior, and immune system status. Consideration will also be given to special circumstances in which the protective environment of a special purpose FCC home would be more appropriate (for instance, need for stringent infection control procedures to protect an HIV–infected child from communicable disease).

b. The placement decision will be made by a team consisting of the child's physician, his or her parents, the CDS coordinator, the preventive medicine physician, and the community health nurse. If this team is unsure of the appropriate placement decision, additional personnel at the medical center servicing that installation's health service region or at the installation's headquarters may be consulted. Confidentiality of the information regarding the child and his or her parents will be maintained by all personnel involved in the decision.

c. Knowledge of the child's HIV status will be limited to those who have a legitimate need for that information taking into account the following:

(1) Specific infection control procedures needed to protect the child or the child's caregivers.

(2) Home health procedures dictated by the child's medical treatment plan.

(3) The need for a supportive environment due to developmental, neurological, or behavioral deficiencies.

d. Care for HIV–infected children ages 6–12 (with the exception of those who cannot control their body secretions) will be in accordance with the local, DoDDs or section 6 school regulations. A team consisting of the HIV–infected child's parents or guardian, physician, public health personnel, and CDS or SAS personnel will evaluate the circumstances of each case and determine placement options most appropriate for the child.

e. SOPs for providing care to HIV–infected children, and a special educational program addressing administrative and medical concerns in providing care to HIV–infected children will be developed by HQDA. In the interim, procedures will be developed locally and coordinated through IMCOM with DCS, G–1 (DAPE–PDY). IM will furnish a copy of all locally developed procedures to DCS, G–1, at usarmy.pentagon.hqda-dcs-g-1.mesg.cyss-regulation@army.mil.

4–28. Illness criteria for denial of service

Children who appear to be ill or show visible signs of fever will be closely screened and may be denied admission based upon following symptoms:

a. Temperature in excess of 100.5°F auxiliary for children under three months of age, and in excess of 101°F auxiliary for children over three months of age.

- b. Inability to participate in daily activities.
- c. Obvious illness such as—
 - (1) Impetigo—Red oozing erosion capped with a golden yellow crust that appears stuck on.
 - (2) Scabies—Crusty wavy ridges and tunnels in the webs of fingers, hand wrist and trunk.
 - (3) Ringworm—Flat, spreading ring-shaped lesions.
 - (4) Chicken pox—Crops of small blisters on aired base that become cloudy and crusted in two to four days.
 - (5) Head lice—nits—Whitish—grey clot attached to hair shafts.
 - (6) Culture—proven strep infections that have not been under treatment for at least 24 hours.
 - (7) Conjunctivitis (pink eye)—Red watery eyes with thick yellowish discharge.
 - (8) Persistent cough, severe diarrhea or vomiting.
 - (9) Symptoms of other contagious diseases such as measles, mumps, hepatitis, and strep infections.
 - (10) Pinworm infestation.

4–29. Readmission following illness

The installation will develop an SOP which outlines the criteria for return of a child to the program after demonstrating symptoms of a contagious disease. Children may be readmitted after treatment has begun, the contagious stage of the illness has passed as defined by the installation health SOP, and the child is physically able to function in the program setting. Children may return to programs only if they are well enough to participate in usual daily activities and the following conditions exist:

- a. Fever has been absent for 24 hours.
- b. Nausea, vomiting, or diarrhea has subsided for 24 hours.
- c. Lesions from impetigo are no longer weeping.
- d. Scabies is under treatment.
- e. Lice are under treatment.
- f. Pinworm treatment has occurred 24 hours before readmission.
- g. The child has completed the contagious stage of the illness.
- h. Conjunctivitis has diminished to the point that eyes are no longer discharging.
- i. The appropriate number of doses of antibiotics have been given over a 24-hour period for known strep and other bacterial infections, the child’s physician has approved readmission and child does not require additional CDS staff to care for him.
- j. Chicken pox lesions are crusted, usually five to six days after onset.

4–30. Administrative health procedures

- a. Settings designated as sick child options may accept children excluded from usual care setting upon written recommendation of a health care professional and after caregiving employees and FCC providers have received specialized training in care of children with contagious diseases.
- b. CDS personnel will report outbreaks of communicable diseases in accordance with paragraph 2–20b.
- c. Program directors, assistant directors, front desk personnel, caregiving employees, and FCC providers will receive training in preventative health measures.

4–31. Medical care after admission

- a. *Sponsor consent.* Parents of children using services in extended hours and long-term FCC homes where length of care exceeds 24 hours must provide a special power of attorney. (see AR 40–3 and DA Pam 27–12 for format for special power of attorney.)
- b. *Medical emergencies.* Children who develop conditions after admission that require immediate medical attention will be brought to a medical facility for evaluation. Conditions that require immediate medical care include convulsions; marked difficulty in breathing; unconsciousness; laceration (either significant in size or amount of bleeding); injury to an extremity with obvious deformity; head trauma associated with vomiting or altered consciousness.
- c. *Minor health problems.* Children who develop minor health problems after admission will be handled in the following manner:
 - (1) CDS personnel will notify the parent or parent–designee should the child become ill or injured during the time in care.

(2) Ill children will generally remain in an isolated area away from other children until such time as reasonable arrangements can be made for the child's release to the parent or parent-designee. See paragraph 6–9 for children in FCC homes.

(3) If there is a question about the course of action to be taken, CDS personnel should refer the matter to the health consultant.

4–32. Administering medication and performing caregiving health practices

On occasion, Child, Youth, and School (CYS) Services personnel may be required to perform health related practices as a reasonable accommodation for children with disabilities (special needs), pursuant to the 2014 Workforce Innovation and Opportunity Act. These specific caregiving health practices are usually outlined in the child's Medical Action Plan. Such practices may include, but are not limited to, administering medications in addition to those discussed in paragraph 4–32c below; using hand held or powered nebulizers; performing clean intermittent catheterization of the bladder and gastrostomy tube feedings; or providing assistance with self-care for medical conditions. In all cases, requests for accommodation must be reviewed and assessed individually. CYS Services programs must provide special needs accommodations unless the requested accommodation imposes an undue hardship on the Army, fundamentally alters the CYS Service program in which the accommodation is being made, or poses a direct threat to staff or other participants in the program. Requests for accommodation that require CYS Services staff and FCC providers to perform functions that necessitate extensive medical knowledge; are considered medical intervention therapy; or if improperly performed, have a high medical risk must be approved by the DCS, G–1, in consultation with The Surgeon General, prior to implementation. CYS Services personnel will adhere to the following guidance in developing operating procedures for performing health related practices, including the administering of medication to children.

a. Medications and caregiving health practices will be administered only within full-day, part-day care, and school-age programs enrolling regularly scheduled children and in sick child care settings. Medications and caregiving health practices required by special needs children attending hourly programs and part-day preschool will be administered on a case-by-case basis.

b. Medication and special therapeutic procedures will be administered only when prescribed by a physician and only when there is no other reasonable alternative to the medical requirement for the child. It is not reasonable to expect parents to leave their work site for this purpose.

c. Antibiotics, antihistamines, and decongestants are the only categories of medication which can be routinely administered by authorized CDS personnel. Other physician prescribed medications may be administered after specific consultation with the health consultant and the provision of special training to CDS personnel such as, side effects, dosage techniques. No oral, as needed, medication may be administered, except those designated as basic care items. The installation health consultant will determine and approve (with concurrence of the MTF physician POC) specific basic care items which may be used. Only those approved items will be used. Basic care items are limited to topical items used for the prevention of sunburn, diaper rash (ointments and lotions), and teething irritation. Parents of children showing any indication of disease (infected sunburn, diaper rash, or gums) will be notified and referred to a health care provider for diagnosis and treatment. Use of basic care items will be discontinued until health care provider determines further use will not be harmful.

d. Written permission from a parent or guardian must be obtained before administering medication.

e. The physician or parents will administer the first dosage of any medication.

f. Children will be on oral medication at least 24 hours before dosage is administered by CDS personnel.

g. Medication will be—

(1) In the original container with a child-proof cap.

(2) Dated with physician's name and instructions for use.

(3) Labeled with the child's name, name of medication, and dosage strength.

(4) Stored according to instructions.

h. No "over-the-counter" medications will be administered unless ordered by prescription or are on the list of approved basic care items and all the specifications in paragraph 4–32g are met.

i. Designated center-based personnel and all FCC providers are authorized to administer medication within CDS programs according to the physician's instructions.

j. Individuals administering medication will have received prior specialized training.

k. All medication administered will be recorded on the DA Form 5225 (see para 2–13).

(1) Each medication requires a separate form that may be used for a one month period. The form will be maintained and filed into each child's folder monthly or upon completion of the medication period.

(2) Forms may be reissued as needed for long-term medication and should follow the calendar month for recordkeeping purposes.

(3) The time of each dosage and the initials of the person administering medication will be entered at the time the dosage is administered.

l. All medication will be kept in one centrally located and monitored locked cabinet, out of the reach of children.

m. Medication requiring refrigeration will be isolated within the refrigerator in a separate secured container.

n. Medication will be returned to parents when no longer needed or upon termination of child's attendance in the CDS program.

o. Staff and providers will receive specialized training as identified by the SNRT prior to placement of a special needs child in a child care setting. Training will be conducted in accordance with paragraph 2–3c(6).

4–33. Program health and sanitation practices

a. Each CDS coordinator and program manager will ensure that accepted health and sanitation procedures are followed at all times to ensure the health and well-being of the children and staff.

(1) CDS caregiving employees, FCC provider, cooks, and food service workers will use handwashing techniques as recommended by the Centers for Disease Control (see app C).

(2) Adult hand-washing facilities will be located in infant and toddler care areas within center-based programs.

(3) Disposable towels or forced air hand dryers with protective screens (in adult areas only) and soap must be provided in centers for staff and child use.

(4) Children's hands will be washed with soap and water before and after eating, after going to the toilet, before participating in water play, cooking activities, after outdoor play and diaper changes.

(5) Soiled clothing and diapers must be changed promptly. Parents must supply an extra set of clothing for emergency use for infants and toddlers in hourly care and children of all ages enrolled in full-day care.

(6) Toilet rooms and fixtures will be sanitary and odor free at all times.

(7) Personal toilet items such as combs, toothbrushes, towels, wash clothes, and similar items may not be stored or used in common.

(8) Dirty linen must be separated from storage of clean linen, food, and other supplies and will be inaccessible to children.

(9) Toys and equipment used by children under age three must be washed and sanitized with the bleach solution at least daily. Toys used by older children will be washed and sanitized as needed, but a minimum of weekly.

(10) Unless otherwise specified, all reference to "sanitized" refers to the use of a standard bleach solution (for instance, 1/4 cup of bleach to 1 gallon of water). This solution will be used for every day cleaning and sanitizing of items and surfaces (such as, diaper changing surfaces, table tops, and toys).

(11) When surfaces have been contaminated by body secretions such as feces, urine, and blood, the following procedures will be performed to sanitize area:

(a) Vigorously wash with soap and water.

(b) Rinse with water.

(c) Wash with bleach solution of 1/4 cup bleach to one gallon water.

(d) Wipe dry.

b. Water supply procedures are as follows:

(1) Water supplies will be from approved sources and will comply with AR 40–5.

(2) Drinking water will be within or immediately accessible to child activity rooms/modules and in outside play areas.

(3) Hot water temperature in plumbing fixtures used by children in centers must not exceed 110°F with an appropriate range of 80–95°F.

c. Lead-based paint (see paras 5–48 and 6–50*b*).

d. Isolation area (see paras 5–32, 5–33 and 6–40*b*).

e. Custodial and housekeeping services (see paras 5–37 and 6–41).

f. Health inspection requirements (see paras 5–50 and 6–40).

g. Sick child care (see paras 5–52, 7–2e(10), and 7–35).

4–34. Pets and plants

Pets and plants should be considered key factors in a developmental child care setting.

a. Nonpoisonous plants are authorized for use in child care science activities and to enhance the physical environment (see app C).

b. Pets will be allowed on the premises of CDS facilities and FCC homes if they are healthy and properly cared for and do not pose a health or safety threat to children (see app C).

c. Center-based settings that maintain pets on the premises on a permanent basis will be inspected monthly by the installation veterinarian or designee.

d. FCC certification may be denied or revoked if the FCC director feels a child may be at risk from a pet living in or associated with an FCC home.

Section VI

Food and Nutrition Compliance Requirements

4–35. Nutrition

Nutritious foods that help meet the child's total nutritional needs will be provided by all CDCs, FCC providers, and applicable SPS programs. Food provided by parents will be limited to infant formula, baby food, special diets, and food for special occasions.

a. Meals (breakfast, lunch, dinner) and snacks will be provided appropriate to the hours children are in care. No child will go without nourishment for more than three consecutive hours. If a late breakfast is served, the mid-morning snack may be eliminated. All children enrolled in part-day programs will be served a minimum of a nutritious snack.

b. Children in care for 5 to 8 hours during a day will be given one third of their daily nutritional needs in the program. Children cared for from 8 to 12 hours must be served two thirds of their daily nutritional needs in the program. Children in care over 12 hours must be served all of their daily nutritional requirements.

c. Menu components and quantities for meals and snacks will comply with USDA CACFP regulations for all age groups regardless of formal enrollment in the USDA CACFP. Infant meal components and quantities will be based on the meal pattern requirements for infants specified in the USDA CACFP unless otherwise recommended in writing by the child's physician. Foods which are not considered as creditable foods in the CACFP may not be used to fulfill meal component requirements. Use of foods high in sugar, salt and fat will be limited.

d. Children under two years of age will not be served foods which block the trachea (windpipe) and cause choking and possible asphyxiation.

e. Honey and low fat or skim milk will not be served to children under 12 months of age.

f. All menus will be posted or otherwise made available to parents.

g. Dated menus with substitutions recorded will be maintained within the files for review purposes for one year or as required by USDA.

h. The nutritional aspects of CDS food programs, including menu planning and nutrition education will be coordinated with the MTF dietitian.

4–36. Meals and snack service

a. Children in CDS settings during meal time will be served a meal or snack.

b. Meal and snack periods will be conducted in such a way to contribute to the children's growth and development. Meals will be planned to provide the opportunity for children to learn to eat and enjoy a variety of nutritious food as well as to learn culturally appropriate socialization patterns.

(1) Children must not be forced to eat, and food will not be used as a reward or punishment.

(2) Toddlers, preschool age and school-age children will be encouraged to participate in food preparation, setting tables, serving food, and clean-up activities.

(3) CDC activity room staff and FCC providers will sit and eat with the children as part of the children's nutritional training. Meals should be served in a leisurely manner, with time allowed for conversation.

(4) Tables, chairs, serving pieces, eating utensils and non-breakable dishes and glasses of design and size suitable for use by children must be provided. Styrofoam cups will not be used for infants or toddlers. FCC homes may adapt adult size furniture and equipment for use by children at mealtimes.

(5) Infants will be fed or supervised individually. Patterns established for infant feeding will be based on individual children's feeding schedules rather than adult imposed schedules.

(6) Highchairs will have wide bases and safety straps. Straps will be used when infants are fed. Children will not be left unattended in highchairs. Children will not be left in highchairs after feeding. Infants will not be fed in multiple seat infant feeding tables.

(7) Infant spoon feeding and self-feeding will be encouraged as interest occurs.

(8) A feeding plan will be established for each full-day and part-day infant in consultation with the parent and based on the recommendations of the child's physician or other qualified health professional. This plan will be revised as necessary every three months. The plan will include—

(a) Type of commercially prepared formula to be used.

(b) A feeding schedule.

(c) Weaning plans, as applicable.

(d) Introduction of solid and new foods.

(e) Provisions for breast feeding, if applicable.

(9) Infant formula may be provided by parents or ready to feed infant formula may be purchased by the CDC and poured into bottles provided by parents. Formula provided by CDC or FCC providers will conform to type required in infant's individual feeding plan. Infant formula will be provided in bottles containing a single serving. Unused portions of bottles will be discarded. An emergency supply of ready-to-feed commercial formula as required by infants' feeding plans will be maintained.

(10) Infants will be within sight of CDC personnel and FCC providers while eating.

(11) CDC personnel and FCC providers will role model good table manners, encourage children to eat nutritious foods served, and foster development of good eating habits.

4–37. Food service operations

a. See paragraph 5–6a for CDC food service practices.

b. See paragraph 5–6b for information on CDC family style meal service.

c. See paragraph 5–6c for CDC food preparation and sanitation procedures.

d. See paragraph 5–51 for information on kitchen appliances/equipment.

Section VII

Facility Compliance Requirements

4–38. Child development center facility compliance requirements

CDC facility compliance requirements are found in paragraphs 5–25 through 5–43.

4–39. Family child care facility compliance requirements

FCC facility compliance requirements are found in paragraphs 6–42 through 6–47.

Section VIII

Fire Prevention Compliance Requirements

4–40. Child development center fire prevention compliance requirements

CDC fire prevention requirements are found in paragraph 5–44 through 5–47.

4–41. Family child care fire prevention compliance requirements

FCC fire prevention requirements are found in paragraph 6–48 and 6–49.

Section IX

Safety Compliance Requirements

4–42. Child development center safety compliance requirements

CDC safety compliance requirements are found in paragraphs 5–48 and 5–49.

4–43. Family child care safety compliance requirements

FCC safety compliance requirements are found in paragraphs 6–50 and 6–51.

Chapter 5

Child Development Center System Component Requirements

Section I

Overview

5–1. General

a. Chapters 1 through 4 of this regulation apply to the CDC system with the exception of statements referring specifically to FCC homes or SPS delivery systems.

b. The CDC system offers child care programs within centralized installation facilities, or parts of facilities, used exclusively for this purpose.

c. CDC programs provide quality group care that is affordable, convenient to the work site, and readily accessible to all military families. Centralized programs are often preferred by parents because they offer comprehensive services to include a mixture of program types and homogeneous child–age group categories for ages 6 weeks through 12 years. Parents are assured that their child is receiving quality supervised care given by trained caregiving employees.

d. CDC programs support Service families with working spouses; those families who need short-term hourly care for respite, volunteer work, or recreational purposes; and those who need regularly scheduled part–day services.

5–2. Structure and policy

The CDC system will reflect installation needs for program services according to the analysis process described for construction justification in paragraph 2–17. Comprehensive services will include a full range of full–day, part–day and hourly care programs, and child–age group categories as determined through installation needs assessments and demographics in paragraph 2–17d.

a. *Full–day program.* The full–day program includes CDC developmental services that meet the needs of working parents requiring child care 5 to 12 hours per day on a regularly scheduled basis. It will include program provisions for infants, toddlers, and preschool–age children where demand exists. School–age children may attend on a full–day basis at times of public school recess.

(1) Total enrollment of full–day children, including infants, may exceed up to 10 percent of child activity room/ module capacity or age group assignment to compensate for a reduced ADA due to absenteeism.

(2) Programs designed for full–day care will provide a stable environment that is responsive to the child’s developmental needs for consistency. The program will be staffed with a majority of regularly scheduled caregiving employees who will be assigned to specific groups of children as specified at paragraphs 5–13 and 5–14.

(3) Full–day slots of absent, regularly enrolled children may not be filled by other children attending on an intermittent basis except in small centers according to paragraph 5–2b(4).

(4) Newborn infants, up to six weeks, of single or dual military sponsors, may be served in CDC settings when the following conditions are met:

(a) Placement in FCC newborn home is not possible.

(b) Maximum group size within child activity room or module home base is limited to seven children under one year of age (see table 5–1).

(c) A 1:2 adult/child ratio is maintained with these infants with no more than two newborn children included in the group of seven infants.

(d) Exposure to multiple caregivers will be limited.

(e) Newborn infants will not be combined with other groups during early morning arrival and end of day departure periods or in a multi–age setting.

(5) Children enrolled in full–day preschool–age programs will not leave their activity room/module to attend a separate part–day preschool–age program. The quality of full–day and part–day preschool–age programs will be equivalent so as to eliminate the need for parents to enroll children in more than one program. Program reorganization to include redistribution of personnel, space allocation, and program resources may be necessary to achieve this comparability.

b. Hourly care program. The hourly care program includes developmental services for children that meet the needs of parents requiring short-term child care on an intermittent basis. Hourly care services will include program provisions for infant, toddler, preschool-age, and school-age children where demand exists.

(1) Hourly care services will be provided by reservation to ensure cost effective scheduling of personnel. A well-publicized system for reserving and canceling care arrangements will be established to enable use of last minute canceled space by patrons waiting for hourly care on a space available basis. Walk-in care may be provided as space is available.

(2) Hourly care services are not intended to replace requirements for full or part-day care. When demands for care do not conform to full or part-day program schedules, an adjustment in operating hours of these programs may be appropriate to meet patron needs and preclude allocation of hourly care spaces to meet this requirement. The CDC director will ensure that hourly care spaces are retained for short-term intermittent services. These spaces will not be filled by full or part-day overflow patrons requiring services on a regular basis.

(3) A minimum number of hourly slots should be available for soldiers needing child care services while in processing, for emergency situations and to support installation volunteers. (See para 4-6c for admission requirements.) This number will be recommended by the CDC director and CDS coordinator and approved by the senior commander. Commanders may dedicate these spaces; however any loss of income incurred should be made up from the installation MWR fund rather than increased fees for other CDC patrons.

(4) Hourly care services will be physically separated from full-day and part-day services either by designating specific areas within the same facility or by separate facilities. This requirement may be waived in centers with less than a 60-child-space capacity, in which case provisions will be made to stabilize the environment to the greatest extent possible for children enrolled on a regular basis. Children enrolled in hourly care and full-day care programs which occupy a single facility may be combined up to 1 1/2 hours during early morning arrival and end of the day departure time periods.

(5) Programs for hourly care will be developmentally appropriate and will maintain a flexible environment that will reduce separation anxiety and facilitate program adjustment to an ever-changing clientele of children and parents.

c. Part-day program. All part-day programs include developmental services up to five hours a day that meet the needs of parents requiring child care on a regularly scheduled part-day or seasonal basis. Part-day programs include part-day self-contained programs for preschool children ages 3 through 5, school-age care programs (that is, before and or after school, summer programs) for children 5 through 12, and part-day child care to meet the needs of parents working outside the home (for example, parents employed part time, enrolled in an educational program part time, or employed as shift workers) with children (6 weeks-12 years old).

(1) Part-day sessions for children up to 5 years of age should be a minimum of three hours in duration and should not exceed 5 hours. When waiting lists for full-day care exist, expansion of part-day program hours or reduction of space allocated to part-day sessions should be considered as a means of addressing the full-day unmet demand.

(2) Demands for part-day preschool-age care should not be satisfied without ensuring large scale unmet demands for full-day care are similarly addressed. Space allocations for center programs will be analyzed to ensure preschool programs are not utilizing an amount of activity space inconsistent with program mission and installation priorities for service.

(3) Part-day preschool programs will support, as necessary, the requirements of working parents who do not require full-day care, parents who augment FCC services with center-based part-time programs, and regular short-term care requirements for installation volunteers. The director of the part-day program will keep data which reflects such use of this program.

(4) Part-day school-age (PDSA) programs offered by the CDC will be limited to care for children 5 through 12 years of age. Children may attend before and after school and attend on a full-day basis at times of public school closure. CDC programs appropriately serve ages 5 through 8 years; care for ages 9 through 12 may be more easily met through the SAS program.

(a) This program is supervised by the CDC part-day program director within the CDC setting and is not part of the SAS program.

(b) The part-day program director will coordinate closely with the SAS coordinator to preclude duplication of efforts and maximize program integration. PDSA children may be included in transportation arrangements made for children enrolled in the SAS program.

(c) Funding for the before/after PDSA program will be provided through the CDC budget.

(5) Kindergartens are not authorized where there is a center waiting list for care of younger children.

(6) When scheduled hours of operations do not overlap, part-day preschool and school-age programs should double function space and staff whenever possible. This will be done to upgrade program quality and increase facility and program resource use. Adequate built-in or portable storage must be provided to maintain separate age appropriate supplies and program materials.

(7) Total enrollment of part-day preschool and school-age programs may exceed up to 10 percent of child activity room/module capacity or age group assignment to compensate for a reduced ADA due to absenteeism.

d. Special needs program.

(1) Special needs programs in center settings may be offered as follows:

(a) Full-day services for children who do not qualify for State or local special needs programs or when these services do not exist.

(b) Part-day services to augment State or local programs or to supplement mainstreaming in Army programs.

(c) Hourly services as part of EFMP respite care.

(2) When special needs programs are provided in CDC settings, the installation should pursue external funding through grants, State reimbursements, or other available means to help offset the potentially higher operating costs involved (see para 4-2a(4)).

Section II

Program Management Compliance Requirements

5-3. Management oversight

The CDC delivery system will be staffed with professionally qualified personnel who meet the requirements in the standard position descriptions for directors and the TACS in DA Pam 690-41 (obsolete). DA Pam 570-551 (**obsolete**) will be used to staff CDC systems.

a. CDC directors will manage and direct all aspects of their programs, including those personnel, programs, space, and financial resources allocated to the specific program.

b. When multiple program directors are located in a single facility, one director will be designated as the center director and will serve as the primary POC for the center operations (see para 3-12e) and the final line of supervision within that center setting.

c. The CDS coordinator's office should not be located in a CDC unless the CDS coordinator is double functioning as the center director according to paragraph 3-11g.

5-4. Parent involvement

Parents will be kept informed on matters relating to center operations, changes in program emphasis, and their child's progress (see paras 3-25, 3-26 and 4-17). Methods of encouraging parent involvement will include, but not be limited to, the following:

a. Pre-admission interviews involving the program director or assistant director and parent(s) or guardian of the child enrolling in full-day and part-day programs to discuss the developmental program, parent involvement opportunities including responsibilities for monitoring quality care, and administrative procedures.

b. Semi-annual conferences with parents of children attending the programs on a regular basis.

c. Daily feedback sheets maintained in the full-day and hourly activity rooms/modules which provide a regular avenue for communication with parents.

d. Parent participation opportunities in program activities or in administrative support functions.

e. Parental access (on a space-available basis) to training workshops held for CDC personnel.

f. Parent education workshops on patron selected topics.

g. Patron satisfaction surveys and mechanisms for voicing suggestions and complaints.

5-5. Business operations

CDC program directors will provide oversight of business operations to ensure budget execution, accountability for resources, accurate and timely data collection, and implementation of sound business practices. Procedures outlined in AR 215-1, AR 215-2, AR 215-3, AR 215-4, and AR 215-5 will be followed. A copy of these regulations will be maintained in each center setting. Supplemental forms and/or procedures required by this regulation will be followed.

a. Fiscal management. Fiscal operations and productivity will be regularly monitored by the CDC director and reported in writing at least monthly to the CDS coordinator.

(1) CDC program directors will regularly analyze and report data which reflects program productivity through maximum use of resources (for instance, facility space, manpower, funding) to meet community demands for quality care. CDC productivity reports may be used for this purpose. Additional guidance provided in the DoD Manual 6060.1 addresses effective management practices.

(2) CDC personnel will calculate utilization rates and costs per child per hour to determine CDC productivity. data required for analysis of productivity can be generated using the CDS program management software package as available.

(3) CDC program directors should prepare and submit a monthly Management Information System report which reflects, at a minimum, Central Accounting Office financial statement categories of income and expense by program type.

b. Food service operational oversight. The CDC center director will supervise the center food service program, with operational oversight provided by the food service manager on large installations, to ensure provision of a quality food program.

c. Internal controls. The center director will establish and enforce procedures to ensure implementation of CDS internal controls as specified by AR 11-2.

d. Property inventories. Current inventories for NAF and APF equipment will be maintained as required. Prior to management turnover of the hand receipt holder, a 100 percent inventory will be conducted and a change of hand receipt initiated.

e. Information for tax deductions.

(1) Receipts will be maintained for the purpose of tax deduction documentation for parents to file with their yearly income tax return. Prior to the end of the calendar year, parents will be notified in writing of the advantage of submitting their child care tax deduction and of the center procedures for obtaining necessary documentation.

(2) Parents should be notified of the installation agency responsible for assistance in completing their tax returns and referred to this agency for further assistance. CDC personnel will not enter child care costs on individual tax returns.

5-6. Child development center food service program

a. Child development center food service practices.

(1) All food and labor costs associated with the food service program will be maintained as separate identifiable data. A separate NAF accounting code established for this purpose will be used.

(2) The CDC fee structure will include meal costs. No separate fees will be charged for meals.

(3) Menus will be preplanned with seasonal cycle menus recommended. Meal component substitutions will be equivalent and will be approved by the CDC director and food service manager.

(4) All menus will be pre-costed and compared with actual costs. Meal production records will be completed daily.

(5) A separate inventory of food purchased will be maintained.

(6) Troop issue supply should be used to economically procure food items in institutional quantities.

b. Family style meal service.

(1) Centralized separate dining rooms are not permitted in CDC programs. Toddlers, preschool-age and school-age children will be served family style within their activity room.

(a) Chairs and tables used for art and manipulative activities will double function for eating purposes. Combination hard surface and carpeted flooring will be provided to support family style meal service.

(b) A separate room accommodating no more than the maximum child age group size (at any one time) may be used for feeding children if this room double functions for other regularly scheduled daily activities.

(c) Eating areas in infant and toddler activity room/modules will not be adjacent to the diaper changing unit.

(2) The daily feedback sheet will include a record of infants' intake of formula and any other eating habits. This record will be available on a daily basis to parents.

(3) When in the presence of children, adults may not drink beverages or eat foods other than those provided by the center for meals and snacks.

c. Food preparation and sanitation.

(1) All food to be consumed by CDC children will be prepared using methods designed to conserve nutritional value, flavor and appearance.

(2) A sufficient quantity of foods will be prepared to allow children second helpings.

(3) Food provided by CDC parents must be dated and labeled with the child's full name, and refrigerated as applicable. Feeding instructions should be provided. Baby food provided by parents must be in unopened jars or containers.

(4) Baby food will be transferred from jars to an unbreakable dish before being served to infants. Individual spoons and dishes must be used for each infant.

(5) Infant formula may be provided by parents or ready-to-feed infant formula may be purchased by the CDC and poured into bottles provided by parents. Formula provided by the CDC will conform to type required in infant's individual feeding plan. Infant formula will be provided in bottles containing a single serving. Unused portions of bottles will be discarded. An emergency supply of ready-to-feed commercial formula as required by infants' feeding plans will be maintained.

(6) Infant formula bottles and baby food in jars will not be heated in microwave ovens.

(7) When age appropriate, whole milk may be provided to infants and toddlers in bottles as part of the CDC food service program. Parents are responsible for providing clean bottles daily for each feeding consumed.

(8) All food preparation, storage, and transportation will be in accordance with TB Med 530.

(9) Tables will be washed and sanitized before and after meals.

(10) Dishwashing machines will be National Sanitation Foundation (NSF) approved. Dishes and utensils must be sanitized in accordance with TB Med 530.

(11) CDCs not using dishwashing machines will clean and sanitize using a three-compartment sink, supplied with hot and cold running water and a drainboard for dishwashing, rinsing, sanitizing, and air drying.

(12) Milk may be purchased in bulk containers with the following restrictions:

(a) Milk is transferred from bulk milk dispensers, gallon containers, or other approved commercial storage devices/containers to small serving pitchers, covered, and then immediately transported to individual activity rooms.

(b) All milk remaining in serving pitchers at the end of the meal is discarded.

(c) Serving pitchers are not used as storage containers and are designed to allow adequate cleaning/sanitizing between uses.

(13) Children will only be permitted in the kitchen when closely supervised as part of a developmental cooking activity.

(14) All foods to be consumed by children must be procured from approved sources as prescribed by AR 40-657.

d. United States Department of Agriculture Child and Adult Care Food Program. All eligible installation CDC systems will enroll in the USDA CACFP in accordance with paragraph 4-4. All components of the CDC system including full-day, part-day, hourly care and school-age programs will be enrolled.

Section III

Personnel Management Compliance Requirements

Personnel assigned to CDC programs will reflect criteria specified at paragraphs 3-5 through 3-9.

5-7. Child Development Services personnel criteria

All caregivers will hold a high school diploma or equivalent. (See paragraphs 3-19, and 3-10 through 3-13 for further guidance.)

5-8. Child development center staff training

a. Individual development plans. IDPs will be developed and implemented for CDC personnel according to paragraph 3-18.

b. Caregiving employees training. The TACS assigned to the CDC delivery system, in conjunction with the CDC director and CDS coordinator will establish and conduct training for all CDC caregiving employees. Training topics will include child growth and development, child health and nutrition, developmental programming, discipline techniques, parent relations, space utilization for child activity areas, regulatory compliance, implementation of family style meal service, child abuse identification and reporting, safety, center operational procedures, and other subjects as determined by the CDC/program directors and the CDS coordinator. Training will be conducted as follows:

(1) All newly hired CDC caregiving employees will complete—

(a) 8 hours of orientation prior to being assigned to duty in any CDC program. This training does not count toward the initial 38 hours training requirement.

(b) 16 hours work in a program area under the direct supervision of experienced caregiving employees prior to being solely responsible for assigned children.

(2) All CDC caregiving employees will complete 38 hours of training in the first 9 months of employment.

(a) The following entry level training will be completed within the first three months of hire:

1. Three credit hours in communicable diseases.

2. Two credit hours in first aid, to include recognizing and responding to Sudden Infant Death Syndrome for all direct services employees caring for infants.

3. Three credit hours in CPR.

4. Two credit hours in child abuse and neglect identification and reporting as specified at paragraph 5–8f.

5. Three credit hours in DoD Training Module Series 6060.1.

6. Three credit hours in related topics.

(b) The following skill level training will be completed within the next 6 months of hire:

1. One credit hour in DoD Training Manual 6060.1, Caring for Infants, Toddlers, Preschoolers, or School–age Children.

2. One credit hour in DoD Training Manual 6060.1, Creating Environments for Infants, Toddlers, Preschoolers, or School–age Children.

3. Two credit hours in preventing child abuse in CDC settings.

4. Two credit hours of observations.

5. One credit hour in classroom environment assessment workshop and four credit hours classroom environment assessment.

6. Two credit hours in special project(s).

7. Ten credit hours in related topics.

(c) Following completion of initial training, CDC caregiving employees will complete at least 24 hours of inservice training annually. A minimum of 6 hours of training will be completed each quarter. The content of this training will be determined by the individual and TACS with the approval of the program director and may be organized to support staff member efforts to obtain the Child Development Associate (CDA) credential outlined in paragraph 5–8c below.

(d) Caregiving employees who work with children with unique care requirements will be trained as follows prior to providing such care:

1. Mainstreamed special needs care (six credit hours).

2. Respite care (three credit hours).

3. Information pertinent to the specified handicapped as appropriate.

c. Child development associate credential program. All CDC systems will offer opportunities for CDC caregiving personnel to obtain the nationally recognized CDA credential. (Priorities for the credential should be placed on caregivers and program assistants, with CDC teachers and CDS management personnel participating as resources permit.) Appropriate training will be provided to installation TACS by DCS, G–1 (DAPE–PDY) for this purpose, however this training is not prerequisite for implementation.

d. Food service personnel. CDC food service personnel will receive training in child nutrition, menu planning, food handling, food borne disease control, food preparation, and food service sanitation practices that comply with TB Med 530 and USDA CACFP guidelines.

e. Administrative personnel. CDC receptionists, operations clerks, and caregiving employees who are directly involved with child admissions will receive specialized training on relating to parents, interfacing with command and the general public, and recognizing common communicable disease and illness. CDC

receptionists and operations clerks will complete the same Red Cross Accident Prevention and Emergency Response Course Modules as required for caregiving staff in the entry level IDP.

f. Special child development center staff training. Special attention will be given to training CDC staff in the identification, reporting and prevention in child abuse in both the CDC and in the family setting. All training will be coordinated with the AFAPM and will include both written and verbal guidance. The AFAPM will support and provide training, assume major responsibility for training on identification and reporting procedures, and serve as a resource person to CDC management personnel.

(1) Entry level child abuse training (two credit hours) will focus on child abuse, child neglect, identification, and reporting. This training will include the following—

- (a) Definition of child abuse, child neglect, institutional child abuse.
- (b) Signs and symptoms (behavior and physical) of child abuse.
- (c) CDC internal and external reporting procedures.
- (d) Legal obligation to report abuse.
- (e) Applicable standard operating procedures.
- (f) Parent access policy.
- (g) Distinguishing between child abuse/neglect and poor caregiving practices.
- (h) Guidance on release of children to unfamiliar adults or to older siblings.
- (i) Parent/center partnership in the identification and prevention of child abuse.

(2) Skill level training (two credit hours) will focus on preventing child abuse in CDC settings and include the following:

- (a) Use of CDC CARAT.
- (b) Room arrangements and staffing patterns to minimize risk of child abuse.
- (c) Discipline concerns related to child abuse/prohibited forms of punishments.
- (d) Field trip and security procedures.
- (e) Touch policy.
- (f) Prevention of abuse and protecting self from false allegations.
- (g) Applicable standard operating procedures if allegations occur in CDC setting.
- (h) Stress factors relative to child abuse.
- (i) Developmental expectations/supervision factors related to child abuse.

(3) The standard training modules, staff brochure and accompanying video provided by CFSC–SF–CY will be used as the basis of this training.

g. First aid and Cardiopulmonary Resuscitation training. The American Red Cross Accident Prevention and Emergency Response Training Course developed specifically for CDS purposes should be used to meet IDP requirements for First Aid and CPR training. The following training instruction blocks must be covered regardless of the training agency.

(1) CDC caregiving employees must take the following training:

- (a) Emergency action principles.
- (b) Wounds.
- (c) CPR.
- (d) Communicable diseases.
- (e) Accident prevention.

(2) Designated and lead staff must take the following training in addition to those in (1) above:

- (a) Specific injuries.
- (b) Sudden injuries.
- (c) Bandaging.
- (d) Burns.
- (e) Administering medication.

h. Medication and Disease Prevention Training Roles. The health consultant will be the proponent for all training on administering medications and preventing communicable diseases. The materials used and the content of the training will be the responsibility of the MTF representative.

i. Applied Skills Training for Caregivers. All training for caregiving staff will be competency based (such as, training is presented/structured in such a way that the knowledge and skills taught can be observed during the provision of care).

j. General training. See paragraphs 3–17 through 3–20 for IDP and general training guidance.

k. Foundation Level. Caregivers will complete the modules contained in the Caregiver Training Program during Foundation Level Training.

5–9. Staff meetings

All regularly scheduled CDC personnel will participate in scheduled group meetings for the purpose of staff training and provision of information concerning operational policies and administrative procedures. Such meetings will be held, at a minimum, monthly. Intermittent personnel should attend when resources and scheduling permit.

5–10. Child abuse prevention and response

See paragraphs 2–22 and 2–23a through 2–30 (with the exception of paragraph 2–27) for information on child abuse prevention and response.

Section IV

Program Operations Compliance Requirements

5–11. Operating hours

The senior commander will approve operational hours for programs within CDCs. The CDS coordinator will recommend a schedule of operation based on patron requirements surveys including input from sole/dual military parents, documented use of services, center financial feasibility studies, and availability of alternative FCC, SPS, and other care options.

- a. Operational hours must support Soldier mission requirements.
- b. Center operating hours for full–day programs will reflect installation variable duty hours including accommodations for alerts and physical training schedules for active duty military, when the demand for extended hours care is for 10 or more children (or fewer children if determined appropriate by the senior commander).
- c. When there are fewer than 10 children within a center requiring extended hours care for mission requirements, the installation CDS coordinator will identify alternative arrangements within the CDS system if the center cannot meet the need for care.
- d. Hours of operation will be posted within the center and publicized through appropriate forums including post newspapers and ACS welcome packets accessible to patrons.
- e. Hours offered including evening and weekend services will be consistently provided to ensure predictable services for patrons.
- f. Hours of operation will be reviewed semi–annually. The following considerations will be weighed when recommending operational hours.
 - (1) Full–day parents may require 1 hour or more commuting time to work sites.
 - (2) Physical training requirements for active duty military may require earlier or later operating hours.
 - (3) Hourly services at least one evening per week and for an 8–hour span on Saturday are reflective of most community needs.
 - (4) Extended hours in support of mission requirements (such as, reserved slots for inprocessing soldiers, extended operating hours during training exercises and alerts) may increase operating cost due to lower occupancy rates and differential labor costs.
- g. Sunday sessions for church attendance will be coordinated with chaplains and operated as a special opening or as contracted services.

5–12. Standing operating procedures

SOPs will be developed to ensure developmentally appropriate and cost effective management of all programs within the CDC system. SOPs will be available as applicable to patrons, center personnel, and command representatives. Center personnel will receive direct training on SOP content as appropriate. The following subjects will be covered in locally developed SOPs.

- a. Resource management to include facilities, equipment, personnel and training for CDC programs.
- b. Program guidance to include interpretation of policies, regulations, and procedures required for the efficient operation and management of each program service.
- c. Compliance with standards to include criteria for facilities, safety, fire, nutrition, health, and developmental programming.
- d. Prevention, response to, and identification and reporting of child abuse, including allegations within CDC settings.
- e. CDC security procedures to include—

- (1) Guidelines for facility access, which ensure an “open door” policy for parents at all times, yet monitor and control access to the center and children.
- (2) Procedures for locking the facility and use of a doorbell when the center is open after 2000 hours.
- (3) Key control.
- (4) Field trip sign in and out procedures such as—
 - (a) Classroom notification to center management and front desk personnel.
 - (b) Individual child permission slips signed by parent for each specific trip.
- f. Program operations to include—
 - (1) Developmental program and family style meal service implementation.
 - (2) Substitutes or additional caregiving employees to maintain staffing ratios.
 - (3) Health procedures including pets and plants.
 - (4) Public/patron relations.
 - (5) Approved basic care items.
- g. Administrative procedures to include—
 - (1) Financial management including cash controls and fee structure review.
 - (2) Recordkeeping and reporting including data collection and maintenance.
 - (3) Food service operations to include enrollment in the USDA CACFP, if applicable.
 - (4) Janitorial and maintenance service.
- h. Contingency plans to include a written policy with concurrence from the medical, fire, and safety authorities for disaster planning and responding to emergencies, including fire, serious injury, and ingestion of poison. The plan will include—
 - (1) Building evacuation procedures for all age groups.
 - (2) First Aid/CPR procedures.
 - (3) Listing of emergency phone numbers (fire department, MTF, military police, community health nurse, Family Advocacy RPOC, ACS, and poison control center).
 - (4) Procedures to be followed in case of illness or other emergencies (such as, child left at center after hours), including transportation options and notification of parents or appropriate authorities.
- i. Reporting of outbreaks of diseases according to paragraphs 2–20b and 2–21b.

5–13. Age composition, ratios, and group sizes

All CDC programs will be staffed and grouped according to the minimum mandatory ratios and group sizes in table 5–1. Installations may set more stringent adult/child ratios.

a. Ratios.

- (1) An adequate number of caregiving employees must be present to protect the children’s health and safety, ensure opportunities for child and adult personal interactions, and provide developmental program activities. When ratios are exceeded in programs due to a shift in child population, additional caregiving employees must be on–call and used as necessary to maintain required adult/child ratios.
- (2) Adult/child ratios will be met at all times of the day, indoors and outdoors, with the following exceptions:
 - (a) Adult/child ratios may be doubled during naptime (except for infants aged 6 weeks to 12 months), if caregiving employees required for maintaining ratios are involved in staff or program development activities on–site.
 - (b) If handicapped or special needs children are enrolled, the adult/child ratio may need to be more stringent so that the quality of care given to the total group is not diminished. The Special Needs Resource Team will determine the required adult/child ratio within the program setting to which such a child is assigned according to paragraph 4–2a(4)(a).
 - (3) Grouping of children in one year age spans is discouraged. Children should be placed using mixed age grouping, blending ages using the specified ratio for each age served (such as, a combination of 1:5 pretoddlers and 1:7 toddlers for a bridge group of 12 pretoddlers, and toddlers with 2 ratio clusters). Generally, mixed age grouping includes an age range of two years. Ratio clusters refer to the number of primary caregiver/child clusters the room accommodates.
 - (a) 5 infants/8 toddlers: group size of 13.
 - (b) 8 toddlers/10 preschool age: group size of 18.
 - (c) 5 infants/8 toddlers/10 preschoolers: group size 23.

(4) Adults may not be counted in the adult–child ratios unless they are physically present in the child activity room/ module and providing direct care to children. Student help under 18 years of age and volunteers may not be counted in determining compliance with staff per child ratio.

(5) In situations where an immediate increase in caregiving employees is not possible, CDC support and management personnel may be used to provide direct caregiving services for less than two hours daily on a temporary basis.

b. Group size.

(1) The size of groups in which children are cared for must be limited to support developmental programming and minimize the spread of disease within the center.

(2) The maximum number of children in the group to which children are assigned within the activity room/module will not exceed the limits specified in table 5–1 or 5–2 as applicable.

(3) The group size requirements for each age group will be met at all times of the day except during playground periods and special activities such as field trips where the group size will not exceed more than 50 children or children from two modules.

(4) Maintenance of group size requires—

(a) Self-contained rooms.

(b) Dividers or other means of physical separation within a single room.

(c) Purposeful assignment of caregiving personnel and scheduling of program activities when team teaching approaches and/or standard child activity modules are utilized.

c. Rescinded.

**Table 5–1
Child development center ratios and group sizes**

Category	Age group	Adult/Child ratio	Maximum group size
Infants	Birth–6 wks ¹	1:2	6
	6 wks–12 mths	1:4	8
Pre-toddlers	12 mths–24 mths	1:5	10
Toddlers	24 mths–3 yrs	1:7	14
Preschool age	3 yrs–5 yrs	1:10	20
	3 yrs–5 yrs ^{2,3}		
Family style	6 wks–5 yrs ⁴	1:12	24
School-age	5 yrs–8 yrs	1:15	30
	9 yrs–12 yrs	1:15	30

Notes:

¹ Limited to children of single and dual military sponsors. Group will not exceed one adult with two newborns and one adult with four infants.

² A 22 group size for preschool age children is authorized when staff of that group includes a teacher (para 3-13c) and a caregiver/program assistant.

³ The 1:12 ratio and 24 group size may be used only when teachers are used.

⁴ In a family style grouping, the adult/child ratio and group size requirements for the age of the youngest child in the group must be met if children in the youngest age category makes up 20 percent or more of the group. If the children in the youngest age category makes up less than 20 percent of the group, the ratios and group size requirements for the next highest age category must be met. Maximum group sizes will be in accordance with para 5–13b.

⁵ Grouping of children in one year age spans is discouraged in accordance with paragraph 5-13a(3).

**Table 5–2
Child development center ratios and group sizes (as of 1 Oct 90)**

RESCINDED

5–14. Staffing patterns

CDC staffing patterns will be established according to guidance provided in the AR 215–4.

a. A program director or an assistant director will be designated to assume responsibility for overall center operations whenever the Center Director is not present on the premises.

b. Professional management staff must be on duty during all hours of program operation.

c. At least one individual who has been fully trained in CPR and first aid will be in the center during all hours of operation.

d. Supervisory caregiving employees will be regularly scheduled full-time or part-time employees.

e. Written policies on supervision of children in center-based programs will include assignment of children to a primary caregiving employee who knows the child's whereabouts at all times. Primary caregiving employees (regularly scheduled full and part-time employees) will be assigned to all children in full-day or part-day programs.

f. Intermittent on-call caregiving employees will be used only for limited time periods to substitute for regularly scheduled staff or as subordinate staff in hourly care programs and will comprise no more than 25% of the caregiving staff.

g. All CDC and other CDS personnel located in the center will be visually identifiable to patrons through the use of name tags which include first and last names. Colorful aprons or smocks may also be used for caregiving employees.

h. TACS will not have center supervisory responsibilities and will not be counted in adult\child ratios.

i. Rescinded.

j. Caregiving employees will receive breaks on a regularly scheduled basis. Relief caregiving employees will be provided to maintain adult/child ratios during staff breaks and for emergency situations. Relief caregiving employees will not be assigned to substitute for absent caregiving adults without coverage for their own positions.

k. Regular and supervisory staff will be rotated for evening and weekend care to ensure adequate supervision of part-time and intermittent staff.

5-15. Supervision of Child Development Services personnel

a. Center and program directors will develop and use minimum performance standards based on paragraphs 3-12, 3-13, 3-14, and 4-22 for all CDC personnel working in their program or under their direct supervision.

b. CDC management personnel will make quarterly unannounced observations of all CDC caregiving and support personnel to assess performance relative to job performance standards.

(1) Observations will be conducted during duty hours for each individual to include those working evenings and on weekends.

(2) A written record of these observations will be kept in each individual file.

c. Any use of corporal punishment or inappropriate discipline practices according to paragraph 4-10 or actions which could jeopardize the health, safety or well-being of children in care will be grounds for disciplinary action.

5-16. Program oversight for new caregiving employees

a. Each CDC program director will assign new caregiving employees to child activity spaces with experienced caregiving staff for at least 2 days as part of their orientation process.

b. A TACS or program director will observe each new employee each week for the first 6 weeks of employment and, in the case of TACS observation, provide written comments to the program director.

c. Whenever possible, new caregiving employees will work in a room with experienced staff for the first 6 months of employment.

d. All employees will receive an interim evaluation using the performance standards for that position prior to the end of the probationary period.

5-17. Supervision of children

a. A minimum of two CDC personnel must be on duty in the facility regardless of the number of children present.

b. Personnel employed for support purposes such as food service, clerical functions, or facility maintenance may not be counted in the ratios while performing these tasks.

c. Visual supervision of all children must be maintained at all times. No child will be left unattended at any time indoors or outdoors, asleep or awake.

(1) Increased visual supervision must be provided during naptime if ratios are doubled according to paragraph 5-13a(2)(a).

(2) Provision for adult supervision of child toilets, separate from adult/child ratios within the child activity rooms, is required when child toilets are not within the child activity room.

(3) No child may reenter the center from the playground without being in the presence of an adult.

(4) At least two caregivers must be present with each group of children at all times. When this is not possible, due to limited room capacity or limited number of children, usually early or late in the day, children should be combined until child count justifies the staffing of a second module. Children must be supervised through close observation measures to ensure oversight by more than one adult.

d. All indoor and outdoor child activity spaces must be visually and physically accessible to multiple adults for supervision purposes.

e. Following an allegation of HQDA reportable child sexual abuse (of sufficient credibility to cause a military or civilian law enforcement investigation to be initiated according to AR 608–18) each child activity room/module, or indoor or outdoor play space where children are present must have a minimum of two staff persons at all times. Similarly visual supervision of child toilets will be provided by at least two staff members, so that children are always in the presence of two adults until the allegation is resolved.

(1) This may require the center to hire additional personnel to ensure that a relief person is available to cover for caregiving employees, or to close those small rooms staffed with only one person when a second cannot be provided.

(2) Staffing will not be relaxed during staff break or naptime periods and does not negate the requirement to maintain adult/child ratios at all times of the day (including staff breaks) in accordance with other guidance contained within paragraph 5–13.

(3) The CDC will remain in this staffing configuration until the following occurs:

(a) The investigation has been completed.

(b) A close-out report in accordance with AR 608–18 has been submitted and formal relief from this requirement has been provided by DCS, G–1 (DAPE–PDY).

f. CDC management personnel will ensure that extra vigilance in supervising children is maintained during those time periods where there is likely to be greater confusion (such as, arrival and departure times and transition periods) during personnel turnover.

g. Routine mechanisms will be developed to check periodically for the presence of each child when large groups of children are together.

h. CDC management personnel will ensure outdoor playground time is productively used by caregiving employees to work with children on developmental skills. During outdoor play, adults will move constantly, interacting with the children and making sure all children are in view.

i. Toddlers and preschoolers attending CDC programs should wear sturdy (such as, laminated poster board type) name tags which serve multiple purposes. Name tags do not reflect a custodial program but promote developmental programming experiences, effective management oversight, and increased child self-image.

Section V

Developmental Programming Compliance Requirement

5–18. General

a. A written developmental program plan will be developed by CDC and program director(s), assistant director(s), teachers, and program assistants, the nutritionist and the CDC TACS which includes—

(1) An annual plan for developmental program implementation which describes the overall CDC curriculum philosophy and an action plan for implementation.

(2) Identification of resources necessary for plan implementation.

(3) A training plan for all CDC personnel.

(4) A plan for implementation of the CDA credential process.

(5) Procedures to review, evaluate, and update the plan.

b. CDC indoor and outdoor environments will be organized to support the developmental levels of children assigned to specific program and age group settings. Daily program operations will reflect the developmental programming compliance requirements outlined in chap 4, sec IV.

5–19. Schedule of developmental activities

Each CDC will establish a planned program of developmentally appropriate activities that promote the intellectual, social, emotional and physical development of the children it serves. The planned program will be in writing and will be available to parents. The plan will contain a description of activities children

engage in and an explanation of how these activities meet their development needs. Implementing documents will include, but not to be limited to, requirements for equipment and supplies, staffing plans, facilities, child guidance, techniques, and daily activities schedules that promote the intellectual, social, emotional, and physical development of the children. Center programs will plan a weekly schedule of indoor and outdoor activities for each age group category of children. Full-day and part-day programs serving preschool-age children will enhance school readiness by providing developmentally appropriate enrichment activities. These programs help children develop the knowledge, skills, abilities, and attitudes necessary for entry into school. The plan will encompass all the learning centers specified in paragraph 5–20 and outdoor child activity areas. The schedule will incorporate the following:

- a. Weekly planning by a team of age or program-specific center caregiving and management personnel.
- b. Goals for specific activities which reflect individual developmental levels of the children in attendance.
- c. Types of experiences described in chap 4, sec IV.
- d. Provision of activities designed to promote the growth of self, communication, social, cognitive, safety, health, physical, family, positive behavior, and creative concepts.
- e. Regular evaluation of program activities to promote increased program effectiveness.
- f. Opportunities for parent communication and involvement throughout the planning, implementation, and evaluation stages.

5–20. Organization of indoor child activity spaces

CDC programs will organize indoor child activity rooms/modules into functional areas that provide and support developmentally appropriate learning experiences for young children.

- a. *Child space allocation.* There must be at least 35 square feet of usable floor space, as defined in paragraph 5–30b, per child activity room/module or space used for child program activities.
- b. *Functional arrangement.* Space will be arranged to prevent disruption by adjacent activity areas and will clearly communicate expectations and limitations for children.
- c. *Infants.* Areas will include—
 - (1) Activity centers with the following:
 - (a) Washable soft surface and protected crawl areas.
 - (b) Hard surfaces for wheel toys.
 - (c) Railings or support devices to promote walking efforts.
 - (d) Open space for equipment and floor toys.
 - (e) Wall mounted safety mirrors at varying heights.
 - (2) Protected spaces for nursing mothers if needed.
 - (3) Food preparation area to include stove, refrigerator, counter space, and bottle warming mechanism.
- d. *Toddlers and preschool-age.* The following activity centers designated activity spaces will be available for routine use by toddlers and preschool age children:
 - (1) Wheel toys and large motor activities.
 - (2) Imaginative play.
 - (3) Sand and water tables.
 - (4) Arts and crafts.
 - (5) Table toys and readiness activities.
 - (6) Blocks and transportation toys.
 - (7) Open space for group and circle activities, including music and floor toys.
 - (8) Books and quiet activities.
 - (9) Private hideaway and soft areas space.
 - (10) Area for cooking, nutrition, and wood working activities.
- e. *School-age.*
 - (1) Activity spaces for school-age children may include any of the toddler and preschool-age activity centers with appropriate age level adaptations.
 - (2) Work areas for hobbies and homework will be provided.
 - (3) When space double functions for another group, separate lockable storage equipment will be provided for supplies and program materials.

5–21. Indoor program equipment and materials

The following program equipment, materials, and supplies will be provided as a minimum in each activity room/ module used by children in that age group category. Program equipment and materials will be of institutional quality. Specifications as to requirement for quantity, levels of complexity, and age-related equipment appropriate to support age group numbers and activity centers will be determined by the program director and TACS assigned to the age group or program type.

a. Infants.

(1) *Language development.* Cloth/cardboard books, puppets.

(2) *Infant stimulation.* Mobiles, unbreakable mirrors or reflecting surfaces, posters, wall hangings, and adult rocking chair.

(3) *Manipulative toys.* Washable soft toys (multi-colored, sized, shaped, and textured); rattles; soft blocks; shape sorters; art materials; and miscellaneous perceptual and fine motor materials.

(4) *Music.* Records and record player or tape recorder and cassettes; musical toys or chimes.

(5) *Motor coordination.* Push and pull toys, walking support rail, wheel toys, and floor mats.

b. Toddlers and preschool-age.

(1) *Arts and crafts materials.* Paint, paint brushes, easels, crayons, collage materials, paper, scissors, clay, play dough.

(2) *Readiness activities.* Materials that promote development of concepts such as shapes, numbers, letters, and size and space relationships.

(3) *Language arts.* Books, flannel boards, puppets and props, and listening centers.

(4) *Manipulative toys.* Pegs, beads, games, puzzles, pounding boards, small building sets.

(5) *Blocks and accessories.* Construction sets, unit blocks, large blocks, figures of people, and animals, transportation fleets and accessories, and props to support block building themes.

(6) *Science.* Magnets, magnifying glasses, scales, child-proof thermometers, appropriate resource books, animal cages and terrarium, garden tools, and flower pots.

(7) *Music.* Record player and records or tape recorder and cassettes, rhythm instruments, autoharp or piano (optional).

(8) *Imaginative play.* Beds, store front, cash register, ethnic dolls, stove, sink, refrigerator, table, chairs, cooking utensils, dress up clothes (male and female), mirrors, puppets, prop boxes, and accessories to support various play themes.

(9) *Sensory materials.* Sand and water tables with accessories such as molds, sand wheels, funnels, scoops, siphons, pumps, pouring containers, pails, shovels, tactile materials, and tools.

(10) *Nutrition.* Variety of cooking utensils, bowls, pans, cutting board, aprons, small appliances.

(11) *Motor coordination.* Floor mats, climbing equipment, riding toys, balls, bean bags, balance beams, parachute hoops, pom poms, streamers.

c. *School-age.* Selection of age-appropriate materials and equipment in accordance with 5–20e and 5–31. Chairs and tables of the appropriate height will be provided.

d. *Hourly program.* Toys, materials, and equipment selected for use in hourly programs should be varied, support different development levels, and have a minimum of loose or small pieces. Materials should not require sequential learning skills before they can be used effectively by a child.

e. *Special needs.* Modified equipment and supplies will be provided as prescribed by Special Needs Resource Team to support the Special Needs Program outlined at paragraph 5–2d.

5–22. Child activity space furnishings

Furnishings within child activity rooms/modules will be of institutional quality and scaled for the age, size, and activities of the children served. (see para 4–21.)

a. Cribs, cots, and sleeping mats will be provided according to paragraph 4–13. Individual coverings will be assigned to each full-day and part-day child in attendance over four hours.

b. Use of infant seats, highchairs, multiple seat infant feeding tables, playpens, and mechanical swings will be minimized to promote natural growth through infant exploration.

c. Child-sized chairs and tables will be provided which function for both eating and program activities.

d. Rocking chairs and comfortable furniture will be provided for adult use when feeding infants or holding children.

e. Individual storage space (lockers or cubbies) must be available for the personal belongings of each child.

f. Combinations of low child-sized storage units, room dividers, shelves, bookcases, and overhead adult accessible storage will be provided.

5–23. Organization and design of outdoor child activity spaces

Outdoor child activity spaces will be provided and organized to support developmentally appropriate learning experiences for young children. Design guidance on play areas and equipment is contained in the CDCU6.

a. A minimum of 100 square feet per child of outdoor space will be provided for all centers of up to 99 capacity. Minimum square footage in larger CDC facilities will be according to the CDCU6. The area will be capable of supporting a minimum of 50 percent of the children at any given period in centers with capacity of 100 or more children.

b. There must be at least 100 square feet for each child using the outdoor child activity space at any given time. CDS personnel will adjust classroom schedule for playground activity times as necessary to ensure this requirement is met.

c. Separate outdoor child activity spaces designed to allow supervision by caregiving employees, must be provided for infants, toddlers, preschool-age, and school-age categories of children.

d. Outdoor child activity spaces must include a variety of surfaces and textures for different play activities including grass, sand, and asphalt.

(1) Surfaces will be nonslippery, well drained, and reasonably nonabrasive.

(2) Surfaces under playground equipment will be a type that will minimize injuries from falls. Appendix C's current checklist of compliance items has been replaced by the Child and Youth Program Inspection Management System (CYP–IMS), outlined in DoDI 6060.04. The CYP–IMS checklist is the system of record for conducting, tracking, and responding to higher headquarters inspections in support of the DoD certification process. <https://public.militarychildcare.csd.disa.mil/>.

(3) Existing concrete, asphalt, or similar surfaces adjacent to or beneath stationary play equipment must be covered with a resilient molded rubber mat safety surface meeting the impact attenuation requirement of not to exceed 200g, or the surface removed and replaced with a surface that meets the impact attenuation requirements.

e. Outdoor child activity spaces will be enclosed by a perimeter fence a minimum of 4 feet in height, except when adjacent hazards demand higher fences as high as practice and recognized standards require.

(1) Subdividing fences within the perimeter fence may be less than 4 feet.

(2) Fence designs will not include horizontal slat fences or natural hedges, and will provide adequate protection from animals and unauthorized personnel.

(3) There will be at least one child proof exit gate and access for emergency/maintenance vehicles.

f. Sheltered areas will be provided for protection from the sun in the absence of shade trees.

g. Outdoor child activity spaces will be organized to handle both individual and group activities.

h. There will be access to an outdoor water source.

i. Seating areas for adults will be permitted only in infant outdoor child activity spaces.

j. Outdoor storage space located in each play area will be provided to store outdoor play equipment. Storage will be configured and sized to accommodate wheel toys, strollers, sand and water materials, sports and playground equipment. Shelving will be provided to accommodate loose materials.

k. Playgrounds for alternative program options (for example, part-day preschool programs in alternative facilities) and CDC annexes do not have to adjoin the facility, but must be accessible via a route free from hazards and be within 1/8 mile from the facility.

5–24. Outdoor program equipment and materials

Outdoor equipment and materials will support individual, small group, and large group developmental activities.

a. Play equipment must be the type and size appropriate for the age of the children served. Equipment installation must be closely supervised to ensure placement and equipment heights appropriate to child age group usage.

b. Skill-oriented equipment such as climbing structures, tire swings, and obstacle courses will be provided to support children's physical and perceptual development and must conform to the U.S. Consumer Product Safety Commission standards.

- c. Pails, shovels, miscellaneous digging and pouring equipment, child cooking props and utensils, and transportation toys will be provided to support sand and water activities.
- d. Low tables with child level seating will be provided for eating, table, and other outdoor learning activities.
- e. Wheel toys such as strollers, carriages, tricycles, wagons, wheelbarrows, and scooters will be provided.
- f. Sports equipment such as balls, nets, goals, and games for noncompetitive use will be provided in school-age areas.

Section VI

Facility Compliance Requirements

5–25. Facility designation

All facilities housing CDS center–based programs (with exception of separate SAS and SPS parent co–op programs) will be identified as CDCs. The installation name geographic location of the facility may be used for public identification purposes (such as, Smith village CDC). Terms such as nursery, child care center, preschool and unique names such as Kiddie Kastle will not be used to designate facilities.

5–26. Facility funding and programming guidance

- a. All major construction of CDS facilities will be programmed through the Military Construction Program and funded with Military Construction Army (MCA) funds.
- b. Major construction CDS facility projects must be submitted to DCS, G–4 for review with the annual MCA program. Program submission requirements are provided in AR 415–15 and in the annual MCA program guidance letter with supplementing IMCOM guidance to facilities engineers.
- c. Planning for facility construction or major alterations of CDS facilities will include; interior design, furnishings, and equipment; and outdoor play area design and equipment to ensure functionally appropriate, properly equipped, complete and usable facilities.
- d. APFs may be used to repair and maintain an existing facility. Operation and Maintenance, Army (OMA) funds may be used to repair, maintain, or construct according to AR 415–35 (obsolete) or AR 420–10.
- e. NAF Capital Purchase and Minor Construction (CPMC) funds may be used to repair, maintain, or construct projects in accordance with AR 215–1.
- f. Facility construction requirements, regardless of source of funding, will be coordinated with the Installation Planning Board according to AR 210–20.

5–27. Facility design and alterations

- a. Construction of all new facilities, additions/alterations to existing facilities and maintenance and repair to existing facilities will be in accordance with the following guidance:
 - (1) Army CDS standard designs and the current CDCU6 will be used as the prescribed minimum construction standards for all CDC facilities. State and local construction standards may be used for construction of child development facilities if the state and local standards are more stringent than the Army standards.
 - (2) Addition/alteration projects will incorporate most current CDCU6, to the extent possible.
 - (3) Maintenance and repair of existing facilities will be in consonance with the most current CDCU6 to the extent possible within the limitations of the facility.
- b. Design guidance and coordination will be provided as follows:
 - (1) The Chief of Engineers will issue design criteria and provide technical guidance according to paragraph 2–1f.
 - (2) Facility plans and design documents for all new or construction projects including CPMC NAF alteration projects and OMA minor construction will be coordinated with CEEC, DCS G–1 (DAPE–PDY), and IMCOM CDS program proponents.
 - (3) Plans will be coordinated with the installation Director of Engineering and Housing for review by the Health Consultant, the CDS coordinator, and the Installation Safety Officer prior to the initiation of any solicitations for a construction contract.
 - (4) Projects will comply with design criteria in effect at the time the project is authorized for completion of the final design.

(5) If state and local standards are more stringent than Army standards, the state and local standards are required when the child development facility is located in an area over which the United States Federal Government has no legislative jurisdiction.

(6) When walls are replaced, large vision panels will be included to increase visibility into areas in which children are receiving care.

c. Part-day preschool programs which are located in a separate facility or annex, rather than in a CDC which also serves younger children, may follow the educational occupancy standards for existing facilities as outlined by the National Fire Protection Association (NFPA) Life Safety Code 101. Satellite centers which serve hourly and full-day children must meet CDC standards.

5-28. Facility location

a. Consideration should be given to locating centers within or convenient to installation housing areas when possible. CDS facilities must be located away from safety hazards and areas of heavy vehicular traffic. Parking and drop off areas must be available so that children and parents can enter and leave the building without crossing a thoroughfare or walking through large parking lots.

b. Installations requiring extensive CDS should provide multiple facilities on dispersed sites readily accessible to both on and off post patrons. Multiple facilities on single sites should be avoided whenever possible. Placement of multiple facilities on a single site requires written approval from DCS G-1 (DAPE-PDY) prior to initiation of the design process.

c. Siting for all proposed facilities requires the concurrence of the Installation Planning Board (see AR 210-20). The Board must request siting approval from IMCOM well in advance of design approval and construction.

5-29. Facility size

a. CDC facility sizes will be a minimum of 23 child spaces and a maximum of 303 child spaces. When projected capacity exceeds 303, more than one facility must be provided.

b. Criteria for determining and justifying CDC project scope are contained in CDCU6, and paragraph 2-17 this regulation.

5-30. Facility capacity

Total facility and individual activity room capacities will be determined for non-standard designs and existing facilities by the CDS Coordinator in conjunction with the installation fire marshal and will be posted in a conspicuous place in each child activity room and the patron reception area. Maximum capacity will be established based on the lesser occupancy allowed by the fire and program space criteria.

a. *Fire space criteria.* The occupancy load will be in accordance with NFPA 101.

b. *Program space criteria.*

(1) A minimum of 35 net square feet per child usable activity space will be provided within the gross child activity room/module allocation. Usable activity space includes only areas used exclusively for child development activities, and does not include areas used for storage, toilets, cabinets, or infant cribs. Built-in furniture which supports the developmental program, such as sand/water tables, art and craft area sinks, and low interest center dividers is included in child usable square footage.

(2) Number of toilets per child according to paragraph 5-31.

(3) Space provided for sleeping and eating within each child activity room/module will also function for other developmental activities. Separate centralized dining, sleeping and isolated crib areas are not permitted.

5-31. Child activity space requirements

a. *Child activity rooms/modules.*

(1) Rooms/modules will be sized or subdivided so that children can be cared for in small groups that will not exceed maximum age group sizes specified at table 5-1.

(2) Age groups will be separated within child activity rooms/modules except when family-style care is utilized.

(3) Age group categories may be subdivided to meet facility constraints, or when it is in the interest of developmental programming.

(4) Specialized activity spaces such as the large motor area may function for more than one group when schedules ensure that maximum number of children using the space does not exceed the group size limit.

(5) Vision panels will be installed in corridor walls and doors, walk-in closets, rooms without direct corridor access, and doors to janitor closets, laundry rooms, general storage areas and offices.

(6) Reflection/security mirrors will be installed to permit visual supervision of children, (such as, bathrooms, room/ module entrances which have obstructed views).

(7) Child activity rooms/modules will contain appropriate furnishings according to paragraph 5–22, this regulation.

(8) Facility modifications such as, installation of access ramps, handrails, grab bars may be required to accommodate special needs children. Mainstreamed children may use existing adult handicapped toilets. Accommodation will be made in child toilets within child activity rooms/modules being used primarily for handicapped children.

(9) Art work should not cover extensive portions of vision panels or windows. The intent is to provide maximum visibility into a room to reduce the potential for child abuse.

b. Child bathroom area.

(1) A maximum of eight children 18 months–3 years will be allowed to use one flush toilet and lavatory with hot and cold water. A maximum of 15 children 3–5 years and a maximum of 18 children 6–12 years will be allowed to use one flush toilet and lavatory with hot and cold water.

(2) Children's toilets will be provided within or immediately adjacent to child activity rooms/modules.

(3) Lavatory used for handwashing should be separate from activity waterplay.

(4) All toddler and preschool bathroom fixtures and accessories will be child sized (pediatric) and located within a height range appropriate to the age group. These include, but are not limited to, toilets, sinks, mirrors, paper and soap dispensers, and door hardware.

(5) Separate male and female toilets will be provided for school-age children. Bathrooms will be designed to ensure adult visibility while affording privacy to the child.

(6) If used, partitions separating toilets for preschool and younger ages, will not have doors and their height will not preclude adult supervision. Separation by gender is not necessary for ages younger than school-age.

c. Diaper changing area.

(1) There will be a diaper changing area(s) within each activity room/module serving diapered children. A maximum of two groups may share this area.

(2) Each diaper changing area will include—

(a) A lavatory with hot and cold running water. Disposable wipes are not an acceptable alternative for handwashing.

(b) A diaper changing unit at adult work height with safety lip. It will be located to allow adult visibility and maximum supervision of other children and visual oversight by management staff.

(c) Adult height storage for clean diapers, institutional metal step-on pails for soiled diapers, bleach solutions, and children's personal belongings.

(d) Sufficient exhaust mechanisms to maintain an odor free environment.

(3) Activity rooms/modules serving infants will include an adult flush toilet and lavatory for hand washing with hot and cold water.

(4) Sinks in diaper changing area will not be used for food preparation.

5–32. Administrative and program support space requirements

Facility space will be allocated to adequately support administrative and program functions. Such areas will include an administrative support area, staff workroom and lounge, adult toilets, general storage, kitchen, laundry, isolation area, janitorial closet, and outdoor storage (see DoD11000.3).

5–33. Administrative and program support space furnishings

The following furnishings and equipment items are required:

a. Office. Files, desks, chairs, bookcases, safe, cash register, time clock, typewriters, computer equipment, reproduction machines, reception desk or unit, worktables, and general office equipment.

b. Staff and parent areas. Comfortable seating, tables, display storage units, video cassette recorder, laminating equipment, and audio-visual equipment used for training.

c. Kitchen. Large and small appliances, cabinets, utility carts, and worktables.

- d. Laundry.* Washers and dryers, cabinets and worktables.
- e. Isolation room.* Portable crib/cot, first aid kit, and linens.
- f. Miscellaneous.* Appliances, tools, and items required to support program and operational requirements.

5–34. Facility security requirements

- a.* A doorbell will be installed in all facilities which—
 - (1) Remain open after 2000 hours.
 - (2) Are located in remote sites or areas susceptible to terrorist activities.
- b.* Doors will be locked at 2000 hours and visitors will use the doorbell to gain entry. Panic hardware on exit discharge doors will remain operable (without padlocks and chains) to permit immediate egress.
- c.* Intrusion alarms will be installed on all corridor exit doors leading to uncontrolled unfenced areas or directly onto a street (with the exception of the front entrance) to preclude entry of unauthorized individuals and to alert CDS personnel to potential unauthorized removal of children or “wandering children”.

5–35. Interior design

Interior design features, including wall treatment, floor surfaces and coverings, and ceiling finishes will support program functions and facility sanitation and safety requirements outlined, this regulation and the CDCU6.

5–36. Maintenance and repair

CDCs will be maintained and repaired according to AR 420–10, AR 420–70, AR 420–81 (obsolete), and AR 215–1.

- a. Structural requirements.* An annual structural inspection will be made on each existing facility in accordance with AR 420–70.
- b. Grounds maintenance.* The facilities engineer will provide grounds maintenance for all CDS property including outside child activity spaces (playgrounds) and adjacent areas according to AR 420–74. Such services will include—
 - (1) Installation and upkeep of outside child activity space (playground) surfaces.
 - (2) Routine maintenance and replacement of playground sand.
 - (3) Clipping and shaping of hedges and trees.
 - (4) Provision and use of dumpsters.
 - (5) Removal of trash and debris in dumpsters.
 - (6) Snow and ice removal.
 - (7) Upkeep of the loose material surfacing provided under playground equipment required to retain its impact attenuation property.
- c. Equipment installation and maintenance.* The facilities engineer will be responsible for all installed equipment and fixtures and will maintain these items in safe working condition for continuous program use.
- d. Other equipment.* Playground sandboxes must be routinely maintained to ensure removal of glass and fecal materials.

5–37. Custodial and housekeeping services

Custodial services will be provided for all spaces and content within the CDC facility according to AR 420–81 (obsolete) and the basic level of service prescribed in TM 5–609. Additional APF or NAF support may be required for higher levels of service required to maintain standards of cleanliness. Installation custodial contracts which are amended to incorporate CDC cleaning services should be reviewed jointly by CDS health and engineer proponents to ensure provision of adequate services as reflected herein. SOPs for custodial and housekeeping services will incorporate the following:

- a.* Caliber of the cleaning service desired will be specified as hospital–grade quality.
- b.* Work will be executed by support personnel employed solely for this purpose specified in paragraph 5–37*d* through *g*. Caregiving employees will not perform custodial services with the exception of wiping tables, sweeping floors and so forth, after program activities and meal service, to maintain functional orderliness and cleanliness.
- c.* All custodial equipment, supplies, materials will be approved by the health consultant or safety officer. This equipment will comply with all Federal specifications and fire regulations.

- d.* All custodial and housekeeping services will be performed according to the following specifications:
- (1) Child routines will not be disturbed by custodial activities. The majority of daily services cleaning will take place when CDC is not in operation and children are not present.
 - (2) Hallways, stairways, entrances, and doorways will not be obstructed by any cleaning or maintenance operations or storage of equipment and materials.
 - (3) All furniture, equipment and materials will be replaced in their original positions upon completion of the cleaning or maintenance tasks.
 - (4) Custodial supplies and equipment will be properly stored in locked cabinets or closets away from child activity rooms/modules.
- e.* The following services will be provided daily:
- (1) Sweeping entryways, rugs, stairs, landings, floors, sidewalks, drives, patios, and balconies.
 - (2) Vacuuming all carpeted surfaces.
 - (3) Mopping floors, stairs, entrance ways, and landings.
 - (4) Scrubbing with approved disinfectant highchairs, cribs, playpens, child activity tables and chairs, toilet bowls, urinals, sinks, washbasins, kitchen equipment and appliances, food service areas, drinking fountains, and waste containers.
 - (5) Dusting furniture, equipment, and surfaces within the reach of the children.
 - (6) Wiping mirrors, metal door plates, bathroom and kitchen fixtures, and all metal fittings.
 - (7) Cleaning showcases, entrance doors, activity space/module door frames and switches, paper towel dispensers, and any other surfaces as required.
 - (8) Policing grounds for trash, debris, and safety hazards.
- f.* The following services will be provided weekly:
- (1) Scrubbing walls, woodwork, and partitions in child activity spaces/modules bathrooms.
 - (2) Dusting ledges, window sills, walls, woodwork, handrails, light fixtures, ducts, air-conditioning, heating units, and other surfaces where dust may collect.
- g.* The following services will be provided as needed, but at least semi-annually:
- (1) Cleaning of window coverings.
 - (2) Washing all windows (inside and outside).
 - (3) Waxing and buffing floors.
 - (4) Cleaning upholstered furniture, carpeting, and other miscellaneous furniture and surfaces.

5-38. Insect and rodent control

- a.* Infestation of insects and rodents will be controlled in accordance with the installation pest management plan.
- b.* Pest control operations will be approved and inspected by the installation health consultant or safety officer. Care will be taken to avoid treatment when children are present in the facility.
- c.* Dumpsters used will satisfy Consumer Product Safety Commission requirements.

5-39. Circulation and ventilation

- a.* A proper ventilation system will be provided for all child activity rooms/modules, office, staff work-room and lounge, kitchen, toilet, and laundry spaces.
- b.* Dryers will be equipped with an exhaust duct to the outside.
- c.* Exhaust hoods, vented outdoors, will be provided over commercial kitchen cooking equipment in accordance with CDCU6.
- d.* Air deodorizing machines should be installed in child activity rooms/modules serving nontoliet-trained children and all child bathrooms.
- e.* In new or renovated buildings, the mechanical equipment room access will be in accordance with CDCU6. In existing buildings, doors opening to the interior of the building (for instance, corridor, or basement) must have a fire resistant rating, and be equipped with a self-locking latch and automatic door closer. When such doors open to a playground area, the same requirements will apply and a barrier (such as, fence) will be provided to prevent child access.

5-40. Power

Electrical fixtures will be installed to support functional and operational requirements and ensure safety of children, patrons and staff. Outlets in child activity rooms installed during renovation and new construction efforts will be in consonance with the CDCU6.

5-41. Lighting

a. Natural and artificial lights will be combined to provide adequate task and general lighting that can be modified to respond to changing needs in accordance with DoDI1000.3.

b. Lighting levels will be provided according to DoDI1000.3 in all child activity rooms/modules and administrative work spaces.

c. Horizontal blinds or shades to filter light will be installed in child activity rooms/modules and in office and administrative spaces.

d. Night security lighting will be installed—

(1) Within lobby and cash storage areas that are visible from outside.

(2) Near outside walkways used to enter/leave facility.

(3) In corridors and child activity areas used after normal duty hours.

5-42. Climate control

CDC facilities will be operated to conserve energy to the extent possible while meeting the specifications for room climate control. CDC personnel will be instructed in energy saving practices. Temperature in all activity rooms/ modules occupied by children will be set to maintain a range of 68 to 78°F. Thermostats will be provided in accordance with DoDI 1000.3

5-43. Noise levels

Peak noise levels should not exceed those specified in DoDI1000.3.

Section VII

Fire Prevention Compliance Requirements

5-44. Fire prevention structural requirements

CDC facilities will meet the requirements of AR 420-5.

a. Programs serving children from birth through 5 years of age will be located on the ground floor in noncombustible or fire resistive construction.

b. Programs serving children 5 years of age and over, and adult administrative areas may be located above the ground level when permitted by above standards.

5-45. Fire protection systems

a. Fire alarm and detection systems will be installed in accordance with CDCU6. Battery operated or single station smoke detectors are not acceptable. All building alarms will transmit a signal to the fire department or fire alarm communication center serving the facility (bilingual operators required in overseas locations).

b. An automatic sprinkler system and fire separation construction will be provided for all hazard areas according to CDCU6.

5-46. Exit criteria

Exits from the facility are provided which are safe, properly designed and configured, and easily identified.

a. In existing occupancies, each child activity room will have at least two remote exits, neither of which requires travel through any other room or program area to reach the outside.

(1) In rooms serving children over 3 years of ages, exits will lead directly to the outside through an exterior wall or through a 1-hour fire rated corridor unless two remote exits are available within 50 feet of any point in the facility.

(2) In rooms serving children under 3 years of age or hourly care children of any age, at least one of these exits will lead directly to the outside through an exterior wall.

b. Small rooms used as learning centers for a single activity (such as, gross motor or music rooms, blocks) and generally accommodating 10 or fewer children do not require two room entry doors.

c. Newly constructed facilities will have exits according to the CDCU6.

d. Infant activity rooms/modules will have ramps for emergency evacuation of wheeled cribs according to the CDCU6.

5–47. Fire prevention operational requirements

- a. Fire inspections will be conducted monthly by the fire marshal with documentation of same on file in the CDS facility.
- b. Occupancy loads will be established according to paragraph 5–30a.
- c. All personnel will be trained in fire evacuation procedures with documentation of same on file in the CDS facility.
- d. Fire evacuation procedures will be in written format and fire evacuation plans conspicuously posted throughout the building.
- e. Individualized evacuation procedures will be provided and posted within each child activity room/module.
- f. Fire drills involving all children and CDS personnel will be conducted monthly and during varying hours of operation including meal times, naptimes, and during early morning and evening hours to ensure experience under “worst case conditions”.
 - (1) An accounting of all children will be conducted during the fire drill.
 - (2) Documentation of drill results and necessary improvements required will be posted then maintained on file in the CDC.
- g. Evacuation procedures will be followed exactly as prescribed by the fire marshal to include total evacuation (all children, including infants) of the building at each drill.
- h. Evacuation cribs or devices in operable condition will be provided to remove infants.
 - (1) Standard evacuation crib(s) or metal crib(s), which have been modified with large four inch rotating wheels must be designated and used for this purpose.
 - (2) Wooden cribs will not be used for evacuation.
 - (3) Hospital evacuation aprons may be used for very young infants.
 - (4) Laundry carts and metal grocery carts are acceptable alternatives to evacuation cribs.
 - (5) Blankets or coverings should be provided for infants in evacuation cribs to protect the infants from cold or inclement weather conditions.
- i. Children will not be permitted in a room that has a furnace, domestic hot water heater, or gas heater.
- j. Smoking will be permitted only in designated areas away from child activity spaces/modules and food preparation areas when adequate ventilation systems are functional.
- k. Limited amounts of child–prepared art work and program display material may be attached directly to the walls in corridors and child activity rooms/modules. Combustible materials in significant quantity will change the flame spread characteristics of the walls and add to the potential for fire propagation.

Section VIII

Safety Compliance Requirements

5–48. Safety structural requirements

CDS facilities will meet the requirements of DoDI 1000.3, AR 385–10, AR 40–5, and CDS safety and related standards.

- a. CDCs, because of the nature of the occupancy, are designated as special hazard areas as defined in AR 385–10. Required annual and additional inspections according to AR 385–10 will be performed by the installation safety officer using standard Army safety and health inspection identification and abatement procedures.
- b. All facilities will have a telephone capable of reaching the medical facility, fire department, off–post residences, and parental work sites.
- c. All areas within CDS facilities will be free of—
 - (1) Loose asbestos particles from ceiling or pipe lagging.
 - (2) Ureaformaldehyde insulation.
 - (3) Exposed electrical wiring.
- d. Use of lead–based paint is prohibited in CDS facilities.
- e. All windows will be securely screened or protected by a barrier to prevent insects from entering and children from falling.
- f. Any double–hung windows in the CDC will be counter–balanced to prevent finger or arm injuries.
- g. Interior door and cabinet hardware in child activity rooms/modules will be operable from either side, nonlocking, and free from dangerous protrusions.
 - (1) All cabinets at child height will have rounded corners.

(2) Exit door hardware in toddler and multi-age activity spaces will be located above the reach of toddlers according to DoDI1000.3.

h. All stairways/steps and ramps must have antislip treads, low handrails for children, and be constructed of solid materials.

i. Floors must be free from protrusions, holes and splinters, and will be in such condition that children can crawl, lie and sit safely upon them.

j. Sliding glass doors, low windows, and glass walls will be plainly marked at child and adult-eye levels. Low exterior windows will use tempered safety glass.

k. Electrical appliances, fans, and similar appliances must meet Underwriters Laboratory (UL), NFPA, or comparable host nation standards. When in use, these items will be properly secured/placed to prevent toppling over. When not in use, items will be positioned or stored out of child's reach.

l. Radiators, pipes, electrical, or heat generating appliances will be protected from child contact. This restriction does not apply to small cooking appliances that may be used under supervision in conjunction with nutrition developmental program activities.

m. Culverts, drainage ditches, sewer accessories, and all similar hazards in or adjacent to outside play space will be made inaccessible to children by providing appropriate grading guards, and so forth.

n. Weed control in children's play areas will not include the use of herbicides.

5-49. Safety operational requirements

A daily inspection of all facilities (grounds, and child activity rooms/modules) that includes furniture, toys, and playground equipment, will be conducted by CDS management personnel to identify and eliminate safety hazards. Checklists to be used for this purpose will be developed in conjunction with the installation safety officer and incorporated into the CDC safety SOP.

a. Indoor and outdoor toys, program equipment, and materials must have nontoxic finishes and will be maintained in safe and usable condition.

b. CDS personnel will use professional judgment to assess suitability of play equipment for children and determine safety procedures for use.

c. Materials harmful to children such as matches, power tools, detergents, solvents, cleaning supplies, and equipment will be kept in a locked area inaccessible to children.

d. Flammable, poisonous, explosive and highly caustic materials will not be stored in the facility.

e. Current instructions will be posted at each telephone to facilitate calling for ambulance, medical, fire, and military police services.

Section IX

Health and Nutrition Compliance Requirements

5-50. Health inspection requirements

Health inspections within each center-based setting will be conducted monthly and upon request by installation preventive medicine officials to ensure CDS standards are met. (See paras 4-4, 4-6*b*, 4-8*b*, 4-24 through 4-37, and app C for further guidance.) (see DoDI 6060.04).

5-51. Appliances and equipment

a. NSF approved commercial kitchen equipment and heavy duty laundry appliances will be provided in all centers. Facilities with a capacity of less than 125 child spaces should replace domestic equipment on a phased-in basis.

b. Deep fat fryers will not be used in CDC kitchens.

5-52. Sick child care

a. Where space permits, site specific DCS, G-1 (DAPE-PDY) and HQDA (DASG-PSP) approval has been obtained, and professional health assistance is available; a child activity rooms/module may be designated for care of sick children.

(1) Child care may be provided for mildly ill children, and children recuperating following hospitalization who cannot function within their usual child care or school setting, pending physician approval.

(2) Care for children who are chronically or acutely ill is not authorized within a CDC.

b. The activity room must have direct outside access and interior pediatric sinks and toilets.

c. Parents will provide proof of physician approval and bring sick children directly to and leave directly from the designated sick child area.

d. Any medication required for the care of the children will be kept in lockable storage within the sick child care program area.

Section X

Program Oversight and Quality Assurance

5–53. Facility upgrade/program compliance status

a. Existing facilities and all new construction/renovation of existing facilities used for center-based programs must meet the standards and requirements set forth in paragraphs 5–27, 5–48, and CDCU6.

b. Any exceptions to the requirements will be addressed through procedures outlined in paragraph 2–11.

c. After this period, no facility or section of a facility may continue to be used without correction of the deficiency or implementation of IMCOM/DCS, G–1 (DAPE–PDY) approval of an alternative equivalency or waiver.

d. Requests for exceptions to policy must be forwarded to the IMCOM for action no later than 21 calendar days after completion of the inspection.

e. The following non-waivable violations must be immediately corrected:

(1) Life safety items which could result in serious injury, illness or loss of life such as, lack of panic hardware on exit doors, loose asbestos particles.

(2) Unsanitary health conditions such as, lack of running water in areas serving diapered children.

(3) Lack of adequate management oversight or sufficient caregiving staff.

5–54. Program evaluation

CDC programs will be assessed for program compliance and monitored for quality assurance on a regular basis as outlined at paragraph 2–5. A quality assurance plan will be developed jointly by the center and program director(s) and the TACS assigned to the CDC program. Major program oversight components include—

a. *Environment rating scales.* Rating scale will be used on an ongoing basis and completed annually by CDC management personnel to—

(1) Systematically assess center programs using a numerical rating to quantify acceptable levels of care.

(2) Identify caregiving areas and situations which need corrective action.

b. *The child development center child abuse risk assessment tool.* The CDC CARAT will be used by CDC management personnel to—

(1) Annually assess the potential risk of a child abuse or neglect allegation or situation occurring in a CDC.

(2) Review administrative/personnel policies and operational procedures whenever a child abuse allegation has been surfaced in an Army operated or regulated center-based setting.

c. *Installation child care evaluation team.* Results of the ICCET will be used to focus management concerns, plan CDC staff training and program improvement initiatives, support budget and personnel requests, and review internal procedures. Evaluation data from the following sources will be included:

(1) Annual facility and program reports.

(2) Quality of life standards.

(3) Patron satisfaction survey(s).

(4) Environment rating scale.

(5) Center productivity analysis sheets (when available).

(6) Internal controls checklists.

(7) Proponent inspections.

(8) USDA CACFP enrollment.

(9) Staff qualification and training records.

(10) Center CARAT.

(11) Trip reports resulting from higher headquarters visits.

(12) Special investigations (such as, Article 15–6, CID Crime Prevention Survey, USDA CACFP Audits, Army Audit Agency Reports).

(13) State licensing inspection if applicable.

d. Program accreditation. Center programs will pursue accreditation through the NAEYC.

(1) Installations will develop a plan for achieving accreditation for CDC programs. Such a plan should include DoD certification based on compliance with program standards.

(2) Installations will coordinate with ACOMs and DCS, G–1 DAPE–PDY prior to initiating the official accrediting process with the Academy.

(3) Procedures and criteria are outlined in Accreditation Criteria and Procedures of the NAEYC.

Chapter 6

Family Child Care System Component Requirements

Section I

Overview

6–1. General

a. Chapters 1 through 4 of this regulation apply to the FCC system with the exception of statements referring specifically to other delivery systems for instance, CDCs or SPS.

b. The FCC system offers quarters–based child care provided by authorized military family members operating as independent contractors from housing located on a military installation or from U.S. Government owned or leased housing off the installation. This care is regulated by the U.S. Army and both the individual providing services (FCC provider) and the occupied housing unit (FCC home) will be certified by CDS before children may be enrolled in care.

c. FCC is a cost effective child care delivery system which allows provision of child care without large expenditures for facilities. FCC reduces the burden on center–based programs by providing 24–hour and long–term care during mobilization and training exercises, extended care for special needs children, and care for mildly ill and newborn infants. In addition, the FCC delivery system provides employment opportunities for thousands of military spouses.

d. Providers who care for children of military and DoD civilian personnel are eligible to receive direct and indirect subsidies.

e. The FCC program is a service to DoD military and civilian personnel and will not generate NAF income.

6–2. Structure and policy

a. Unauthorized child care is prohibited in Government owned or leased housing or in family housing located on the installation except as authorized by this regulation. The provision of FCC in Government owned or leased housing or privately owned family housing units located on the installation is a privilege extended to family members. Only the best qualified among applicants who meet minimum standards will be certified.

b. Certification as an FCC provider is not required for an individual who provides child care on an Army installation, or off an Army installation in Government owned or leased housing under Army control, when such care is provided in another person’s quarters to children who reside in those quarters and no additional children are present in those quarters except the children of the individual providing care.

c. FCC homes may not be authorized unless sufficient professional personnel are provided to recruit FCC providers, and certify and monitor individual FCC providers and homes in accordance with this regulation. Only FCC systems which meet this criteria may certify FCC providers.

Section II

Program Management Compliance Requirements

6–3. Management oversight

The FCC delivery system will be staffed with professionally qualified personnel who meet the requirements in the standard position descriptions for the FCC director, FCC outreach worker, and TACS in DA Pam 690–41 (**obsolete**). DA Pam 570–551 (**obsolete**) will be used to staff FCC systems.

- a. An FCC director will carry up to a maximum caseload of 30 homes.
- b. An FCC outreach worker will be hired when the director's caseload reaches 30. Each outreach worker may carry a caseload of up to 40 homes. An outreach worker will be hired each time the number of homes reaches the maximum caseload.
 - (1) To compensate for additional supervisory responsibilities, the FCC director's caseload will be reduced by five homes for each additional FCC outreach worker after the first.
 - (2) When FCC homes are in a dispersed geographical area or other extenuating circumstances exist (such as, remote sites, large numbers of special endorsements/special purpose homes) the local manpower survey team will determine the need for reduced caseload.
- c. The FCC director will accompany each outreach worker on at least two home visits per month.
- d. Registered, provisionally certified and fully certified FCC homes will count in the management caseload carried by FCC directors and outreach workers.
- e. FCC providers who were previously certified but are not currently providing care (inactive status) will not be counted in the management caseload.

6-4. Parent involvement

- a. Parents will be kept informed of matters relating to the management of the FCC system, operation of their child's FCC home, and their child's progress.
- b. FCC program directors will conduct patron satisfaction surveys at a minimum on an annual basis and establish a follow up plan for addressing areas of dissatisfaction as appropriate. Patron satisfaction survey formats have been developed for installation use and are available from DCS, G-1 (DAPE-PDY).

6-5. Business operations

- a. Fiscal operations and productivity will be regularly monitored by the FCC director and reported in writing to the CDS coordinator.
- b. FCC personnel will calculate utilization rates and cost per hour using FCC productivity sheets.
- c. Training to FCC providers will address recordkeeping requirements for tax deductions relating to FCC homes as a business operation, however it is the responsibility of the provider to maintain and complete all business transactions including income tax return.
- d. FCC providers are private contractors certified and monitored by the Army. As private contractors, all matters regarding the establishment of fees, fee policies, and fee collection are between the provider and the parent. FCC personnel may give suggested fee ranges based on local circumstances, however, this may only be a suggested range and may not be used to limit provider fees and charges. When the installation provides direct monetary subsidies to providers, the senior commander may regulate fees charged by the providers.
- e. The FCC director will establish and enforce procedures to ensure implementation of CDS internal control reviews.

6-6. Resource/toy lending library

- a. An FCC resource/toy lending library will be established to support FCC providers. This library will be equipped with a variety of equipment and materials which support safe developmental care.
- b. Hours of operation should be set so as to make the items available to FCC providers during some non-duty hours including at least one weekend or evening per month. This may be planned in conjunction with evening/weekend training sessions.
- c. Resource materials/equipment should be made available to FCC providers as part of the scheduled monitoring visits by FCC management personnel.
- d. The FCC director will establish a check-out system establishing limits for loan of items including time, number, and overdue items for lost or damaged items from individuals using this service.
- e. There will be no cost to FCC providers for this service.

6-7. United States Department of Agriculture Child and Adult Care Food Program

- a. All FCC providers at eligible U.S. installations will meet all the requirements of the USDA CACFP. The following procedures will be implemented in enrolling FCC providers in the CACFP:
 - (1) All new FCC providers should be enrolled in the CACFP as part of the provisional certification process.

(2) Training on CACFP enrollment procedures will be presented as part of the training required for provisional certification. Training will include menu planning and recordkeeping requirements.

(3) Provisionally certified FCC providers who are not enrolled in the CACFP when this regulation is issued, should enroll before full certification is granted.

(4) FCC providers must maintain files containing copies of all weekly menus served. Daily attendance records which show number of meals served to children will be kept for three years.

b. The installation CDS program will serve as the sponsoring agency for the USDA CACFP program unless documented circumstances prevent this.

6–8. Child abuse prevention and response

See paragraph 2–22 for guidance on prevention and response.

Section III

Family Child Care Provider and Home Certification

6–9. Home categories

The FCC system will be composed of three categories of homes: multi-age homes, age specific homes, and special purpose homes. In addition, an FCC provider may obtain endorsements for the provision of specialized services. Installations have the authority to limit the number and type of homes based on local needs and the availability of management and support personnel.

a. *Home categories.* The following three categories of homes may be established:

(1) *Multi-age family child care homes.* These homes may provide full-day, part-day, and hourly care for children 4 weeks–12 years.

(2) *Age specific homes.* These homes may be established to serve families with a preference or requirements for such care in response to the lack of services for a portion of the child population.

(a) *Infant/toddler homes.* Homes providing care only for infants and toddlers from ages 4 weeks through 2 years.

(b) *School-age homes.* Homes providing care only for school-age children ages 5–12 years.

(3) *Special purpose homes.* These homes will limit care to children with the unique care requirements for which the FCC home is established. Special purpose home types may include but are not limited to the following:

(a) *Special needs homes.* Care for children with unique requirements (such as, handicapping conditions when a home is determined to be the least restrictive environment by the Special Needs Resource Team).

(b) *Newborn/infant homes.* Care for newborn and young infants, birth–12 months. Care for infants, birth through 4 weeks is restricted to children of sole/dual military parent(s) when the Soldier is required to return to duty before the child is old enough to be eligible for other child care options. Homes will be monitored at least bi-monthly by FCC personnel and as requested by preventive medicine staff. Approval of homes must be coordinated locally on a case by case basis.

(c) *Human immunodeficiency virus homes.* Care for children ages 4 weeks–6 years and children ages 6–12 years who lack control of their body secretions (whether because of age or physical/mental handicap) regardless of their stage of infection with HIV.

(d) *Bilingual/bicultural homes.* Care for children where parents have a preference for a particular language or cultural focus. Providers will meet the requirements in paragraph 6–14.

(e) *Sick child homes.* Care for children who are too ill to remain in their usual center-based or FCC setting or who are recuperating from hospitalization, but are not seriously ill or require professional nursing care. Care may also be provided to chronically ill children who do not require hospitalization, but cannot, (for their safety or the safety of others) be enrolled in other CDS settings. Care for children who are acutely ill (for instance, high fevers, contagious disease such as HIB, chicken pox, and other vaccine preventable diseases or in need of total bed rest) is not authorized without special permission from the health consultant.

b. *Special endorsements.*

(1) FCC providers may obtain special endorsements to provide extended hours care, long-term care, respite/ emergency care, care for mildly ill children who remain in the FCC home throughout the course of the illness, or care for mainstreamed special needs children. Special endorsements will not be given until

an FCC provider is fully certified. Exceptions to this policy will be approved by the CDS coordinator on a case-by-case basis. When such care is needed, special endorsements will be given in the following areas. (See para 6-21d and para 6-21e for training requirements.)

(a) *Extended hours care, evening or weekend care.* Care for children of parents who require routine evening child care, work unusual or long hours, and have mission-related child care needs that require child care services over 12 hours a day, but not to exceed 14 consecutive days. Enrollment of children in FCC homes providing extended hours care will be considered child care rather than foster care placement.

(b) *Mildly ill care.* Care for children who remain in their usual FCC home setting throughout the course of a mild illness.

(c) *Long-term care.* Care for children which encompasses more than 15 consecutive days, but does not exceed 60 days. Enrollment of children in FCC homes providing long-term care will be considered child care rather than foster care placement. Provision of care in excess of 60 days must be approved by the CDS coordinator on a case by case basis and coordinated with health and legal proponents.

(d) *Respite/emergency care.* Short-term hourly care for respite or emergency situations as determined by the FCC director.

(e) *Mainstreamed special needs care.* Care for children with handicapping conditions who do not require placement in a special needs home, but do have some unique care needs that can be accommodated within the usual FCC home setting.

(f) *Hourly Care.* Care for children on a drop-in or part-time basis to help meet the installation needs for special events, surge care, care for children of volunteers, medical appointments and recreation activities. The installation may contract with FCC providers these services on a continuing basis where need exists.

(g) *Endorsements.* Additional endorsements may be established where local need dictates, but must be approved in writing by IMCOM and DCS, G-1 (DAPE-PDY) prior to implementation. Special endorsements may not be given for religious or educational purposes.

(2) Special endorsements will be annotated on the FCC provider's certification document and will be given only after the FCC provider has received FCC approved training in the specific endorsement subject matter area (see para 6-21d).

(3) Special endorsement in an FCC setting will exclude children requiring placement due to child abuse or neglect except when care is of a respite nature as part of the overall treatment plan for parents. Abused/neglected children will be placed and monitored in foster homes certified by either civilian protective services or FAP. An FCC provider may also be a foster parent, but an additional foster care certification will be required. The claims program does not extend to children placed as part of the foster parent program.

6-10. Recruitment and screening of potential providers

Potential FCC provider applicants will attend an FCC orientation session and will be interviewed by FCC management personnel prior to beginning the formal FCC certification process.

a. FCC orientation sessions to recruit potential FCC providers will be held on a regular basis if needed. Sessions will describe the overall program requirements and the certification process.

b. FCC management personnel will visit the home of each potential applicant to conduct a screening interview prior to the individual formally beginning the certification process. This interview will be conducted at a time when the entire family is present to allow observation of family dynamics.

(1) FCC management personnel will use a standard interview format which includes questions related to FCC provider caregiving and administrative responsibilities to determine the individual's general knowledge and aptitude for child care.

(2) Written records of screening interviews will be kept in appropriate files.

c. The results of the screening interview, background checks, personal reference checks and contributing factors presented by the family members will be used to determine suitability for acceptance into the FCC program. Results of these may be used to deny an application.

6-11. Background clearances

The following background clearance and reference checks will be done on all FCC provider applicants, family members over 12 years of age, and other authorized adults residing in the home, and substitute providers.

a. Army Central Registry.

- b. Local Military Police.
- c. CID records check to include Defense Central Investigation Index.
- d. Civilian law records check where feasible.
- e. Alcohol & Drug Prevention Program.
- f. Sponsor's commander.
- g. Three personal references.

6-12. Provider applicant criteria

a. Each FCC director will prepare a standard description of FCC provider caregiving and administrative responsibilities. This description will be given to all FCC applicants at the time of application. In addition to the criteria included in the description of duties each applicant, substitute, and (where applicable) family member will meet the following:

- (1) Must be at least 18 years of age.
- (2) Will have no conviction of, admission to, or evidence of family violence, child neglect, alcohol abuse or use of illegal drugs by any person working within a FCC home. When the background check is negative (to include references, personal, and family interviews) except for an unusual or isolated incident, the CDS PRB, may be used to address the issue and make a recommendation to the commander. A waiver may be granted, based upon the recommendation of the PRB; however, waiver authority by the senior commander is limited to a case-by-case basis when the overall screening process indicates a home would be conducive to the safety and well-being of the children in care.
- (3) Must be able to speak, read, and write the English language to the extent that they are able to execute health and safety directives and implement developmental activities for children effectively as determined by the CDS coordinator.
- (4) The FCC provider may not hold another job, either full or part-time, during the hours an FCC home is in operation.
- (5) Adult family members and individuals regularly present in the FCC home during hours in which care is provided will be stable, responsible, mature, and of good moral character.
- (6) The spouse of the FCC provider and all other family members in the home and in contact with children under care will agree to the service being offered.
- (7) The FCC provider must reside in Government owned or leased housing or housing located on the installation.

b. Each FCC director will prepare an application packet of information necessary for completion of the certification process. This will include the following:

- (1) Application forms.
- (2) All pertinent background clearance requests.
- (3) Physical examination forms.
- (4) Spouse/family agreement.
- (5) Certification and training request.
- (6) Quarters eligibility requirements.

c. In addition any person working as an FCC provider, or substitute in the home during the hours care is provided—

- (1) May not use alcohol or any illegal drugs while the children are in care.
- (2) Will not use prescription drugs which alter their ability to care for children.
- (3) Will not smoke in the presence of children or while providing direct care such as diapering, feeding or holding children.
 - (a) A designated smoking area in the FCC home will be established for smokers when children are present. This area will be away from defined child activity spaces.
 - (b) Parents will be advised prior to enrollment of children when an FCC provider is a smoker.

6-13. Substitute provider criteria

a. Persons who serve as substitute or back-up providers will meet all of the criteria in paragraph 6-12a(1) through paragraph 6-12a(3) and 6-12c.

b. The FCC director will maintain a list of approved substitutes which is updated and given to providers on a regular basis. In addition an FCC provider may identify a substitute who meets requirements specified in paragraph 6-13a. The FCC director will ensure substitute providers or child care services are

available so parents are not left without adequate care when FCC providers become ill or have other emergencies.

c. Any time the provider is absent from the home including medical appointments, trips to the commissary and so forth, an approved substitute must be present.

d. Spouses may not serve as backup providers during the normal duty day. When extended hours or long-term care is provided, the FCC director may approve the use of spouses as back-up providers on a case-by-case basis when previous written permission has been granted by the parents of children in care.

e. Substitute providers will complete the following:

(1) Background clearances.

(2) CPR training.

(3) 2-hour orientation which includes child abuse training and basic health and safety procedures.

6-14. Provider and home certification

a. Certification will be authorized by the senior commander upon the recommendation of the CDS coordinator. Certification authorization may remain valid for not longer than a 3-year period without renewal provided all ongoing requirements are met.

b. An SOP coordinated with appropriate regulatory proponents by the FCC director will be developed for the process of certifying FCC homes and FCC providers. This SOP will include as a minimum—

(1) A description of the certification process including role of CDS management personnel and other regulatory proponents.

(2) Local requirements.

(3) A plan for recruitment and screening of potential applicants.

c. FCC provider applications will be processed within 60 days of submission.

d. The following DA Forms will be used for the certification process:

(1) DA Form 5219 (Child Development Services (CDS) Family Child Care (FCC) Provider Application) will be used to process individuals who apply to become certified FCC providers within the FCC delivery system. DA Form 5219 will be completed and signed by the applicant and submitted to the FCC director. DA Form 5219 will be reproduced locally on 8 1/2 by 11-inch paper. A copy of the form for reproduction is located at the back of this regulation.

(2) DA Form 5220 (Child Development Services (CDS) Family Child Care (FCC) Provider Background Clearance Request). Administration of DA Form 5220 will be handled by the FCC director. DA Form 5220 will be reproduced locally on 8 1/2 by 11-inch paper. A copy of the form for reproduction is located at the back of this regulation. A release of information statement signed by the applicant must accompany the DA Form 5220.

(3) DA Form 5762 (Family Child Care (FCC) Provisional/Certification Record/Operational Requirements) will be completed and verified by FCC management personnel or applicable regulatory proponents. DA Form 5762 will be reproduced locally on 8 1/2 by 11-inch paper. A copy of the form for reproduction is located at the back of this regulation.

(4) DA Form 5221 (Child Development Services (CDS) Family Child Care (FCC) Certification Denial/Revocation) will be used to notify an FCC provider or FCC provider applicant, that certification has been denied or revoked. DA Form 5221 will be issued by the CDS coordinator upon the recommendation of the FCC director. DA Form 5221 will be reproduced locally on 8 1/2 by 11-inch paper. A copy of the form for reproduction is located at the back of this regulation.

e. A FCC Provisional certification document (fig 6-1) will be awarded to each FCC provider applicant as evidence that all requirements for FCC provisional certification have been met. The document will be signed by the FCC director and the senior commander or designee. The document will be locally designed and reproduced.

f. An FCC certification document (fig 6-2) will be awarded to each FCC provider as evidence that all requirements for FCC certification have been met.

g. FCC certification must be renewed every 3 years dating from original certification. Renewal will be contingent upon:

(1) Background clearance according to paragraph 2-24.

(2) Update training in child abuse identification and reporting, first aid, CPR, communicable diseases, and administration of medication.

(3) Maintenance of 24 hours of annual inservice training requirements.

- (4) Documentation by FCC management personnel that an acceptable level of care has been provided during the previous certification period.
- (5) Home rating scores at minimal or higher level.
- (6) FCC CARAT scores in low-risk category.

6-15. Provider records

Individual files will be maintained for each provider and will include—

- a. Name and address, telephone number, training, and other related experiences and qualifications.
- b. Employment reference, training requirement, and reports of medical examinations.
- c. Appraisals, awards, and promotions and grievance actions.
- d. Notifications of personnel actions.
- e. FCC certification document.
- f. FCC provider health records.
- g. Statement of understanding.
- h. Background check information.
- i. Training and education records.
- j. Files of children seriously injured during care.
- k. Complaints received and documentation of follow up of complaints.
- l. Receipt showing payment of NAF claims costs.

6-16. Provider reporting requirements

a. The FCC provider must notify FCC management personnel of the following administrative changes affecting certification:

- (1) Child vacancy space.
 - (2) The need for long-term substitute and emergency care.
 - (3) Change of address.
 - (4) Change of telephone number (including unlisted number).
 - (5) Marital change.
 - (6) New household member or change in number of household members.
 - (7) Documentation of monthly fire drills.
 - (8) Child injury that requires outside medical attention.
 - (9) Suspected cases of child abuse.
 - (10) Outbreaks of communicable diseases.
 - (11) Child death.
 - (12) Court summons or complaint regarding a suit for damages arising from an injury to or death of a child under care.
 - (13) Building modification (such as, reduction of space used).
 - (14) Termination of FCC provider child care services.
- b. The FCC provider will submit or make available to FCC management personnel any records required to be kept and maintained under this regulation.

6-17. Certification status

CDS at the installation level will have proponenty for the FCC certification process. Certification of each FCC provider will be approved by the senior commander or designee based upon the recommendation of the CDS coordinator.

a. FCC homes will be classified in the following five categories: registered, provisionally certified, fully certified, inactive and waiting.

b. Requirements and definitions are as follows:

- (1) *Registered status.* Family members who have applied for entry to the FCC system and are in the process of completing the requirements for provisional certification will be considered to be registered for caseload purposes. FCC providers in this category may not accept children for care other than their own children or legal dependents. Registered FCC providers must complete all precertification requirements within 60 days of receipt of approved background clearances. Potential FCC providers who fail to complete pre-certification requirements in a timely manner may be dropped from the FCC system.

(2) *Provisional status.* The provisional certification period will last a minimum of 6 months but no longer than 12 months. Provisional certification will be extended to FCC providers who have satisfactorily completed or furnished evidence of the following:

- (a) DA Form 5219.
- (b) Record of medical evaluation.
- (c) Background check information.
- (d) Training requirements.
- (e) Home inspection compliance.
- (f) Contingency plans for accidents, fire evacuation and emergency.
- (g) Emergency care plan.
- (h) Statement of understanding for FCC requirements.
- (i) Statement of understanding for claims program.
- (j) Spouse/adult family member agreement.
- (k) Written program policies to include discipline.
- (l) Consent for home inspections.

(3) *Full certification status.* Full certification will be extended to FCC providers who meet all provisional requirements and have furnished evidence of compliance with the following:

- (a) Training requirements (see paras 3–17 and 3–18).
- (b) Home visits by FCC management personnel to verify an acceptable level of care is being provided.

(4) *Inactive status.* FCC providers who have completed all the requirements for full or provisional certification, but who choose not to provide care will be placed on inactive status. In this case, the FCC provider's certificate will be returned to the FCC office and kept on file in the event the FCC provider wishes to resume care. FCC providers in an inactive status who re-enter the program will comply with the following provisions:

(a) The FCC provider will resume care only if there is a vacancy in the number of homes authorized for the FCC director/outreach worker caseload. If no opening exists, the FCC provider's name may be entered on the waiting list ahead of first time applicants.

(b) Health requirements must be update and a new background check done with the Crimes Records Center and the Central Registry if more than 120 days has elapsed since provision of care.

(c) Any changes in the FCC provider's status must be reported (see para 2–20).

(5) *Waiting status.* When the caseload for FCC director/outreach worker is at maximum level, potential FCC providers will be placed on a waiting list until an opening becomes available.

6–18. Provider transfer

a. An FCC provider who moves from one installation to another may request in writing that the IDP and FCC certification be forwarded by mail to the receiving installation. The FCC director at the sending installation will sign and date each document stating that the provider left the installation in good standing.

b. FCC providers may take a photo copy of training records to the next installation to expedite application procedures at the new site, however the FCC provider may not receive certification based on previous training until the IDP and FCC certification file are received through the mail at the receiving installation.

c. The following will apply to all FCC providers who transfer to a new installation and have received either full or provisional certification at another installation.

(1) All FCC providers will receive a minimum of 8 hours of orientation training to familiarize them with local requirements at the new installation to include child abuse since state or host nation reporting requirements vary. Orientation training hours will not transfer from one installation to another.

(2) All FCC providers will update or complete a new DA Form 5219.

d. A complete background check will be completed if more than 1 year has elapsed since the individuals last provided care within a FCC system. Otherwise, the check will be limited to a check of the Army FAP Central Registry and the Army Crime Records Center in Baltimore, MD.

e. Fire, health, and safety inspections will be done at the new housing unit.

f. The FCC provider must complete new contingency plans and back-up plans.

g. FCC management personnel at the receiving installation will review the FCC provider's training records and related documents to evaluate current skill level. FCC management personnel may require an FCC provider to repeat any training classes or be placed in a provisional status even though the FCC provider was fully certified at the previous installation.

6–19. Claims Arising from the activities of family child care providers

a. The Army Safety and Occupational Health Program, outlined in AR 385–10 established a program to provide for the payment of certain claims arising from the activities of FCC providers. To be cognizable, claims must arise from child care provided as part of the quarter–based system of care authorized by this regulation. See AR 27–20, and AR 215–1, for details regarding this claims program.

b. A Provider Statement of Understanding Regarding FCC (fig 6–3) will be reproduced locally and will be signed by each fully certified and provisionally certified FCC provider as part of the certification process. A copy of the signed Statement of Understanding will be retained on file within the FCC system.

c. A Parental Statement of Understanding Regarding FCC (fig 6–4), with optional permission/waiver regarding transportation of children in private vehicles, must be signed by the parent/guardian of the child for whom care is provided.

d. Authorized NAF claims costs associated with the FCC program will be determined by the Commander, USACFSC or his designee. Once so determined, the local morale, welfare, and recreation fund will be assessed its share of these costs by USACFSC. The local fund should recover these costs from the individual FCC providers prior to provisional certification and annually thereafter. The Installation Financial Management Division will issue duplicate prenumbered receipts. A copy of this receipt will be kept in the FCC provider's file and the provider will keep the other copy. There are no refunds when a provider leaves the program. However, if a provider transfers to a new installation during the fiscal year, the provider should show the receipt at the new installation.

e. The claims program established by The Army Safety and Occupational Health Program, outlined in AR 385–10 is intended to provide certain limited claims relief as described in AR 27–20, and AR 215–1. It is not a substitute for private liability insurance. Whether to carry private liability insurance is an independent business decision to be made by the FCC provider. Regardless of the decision to carry private insurance, any payment due the local MWR fund as described above is a precondition to participating in the FCC program.

f. FCC director/outreach workers will provide each fully certified and provisionally certified FCC provider a summary of all regulatory guidance and local SOPs that govern the provision of FCC on the installation. A copy of the regulation will be available for FCC provider review upon request.

6–20. Training

The TACS assigned to the FCC system in conjunction with the FCC director and CDS coordinator will establish and conduct a training program for all FCC providers for which there will be no fee charged. Training topics will include child growth and development, child health and nutrition, developmental programming, recordkeeping, discipline techniques, parent relations, regulatory compliance, child abuse identification and reporting, business practices, SOPs, safety and other subjects as determined by the CDS coordinator and FCC program director. Training will be conducted as follows:

a. All potential (registered) providers will complete 20 hours of training prior to provisional certification as outlined on the FCC Provisional Certification Training Record.

b. All provisionally certified FCC providers will complete 18 credit hours of training (three per month) during the 6 months of provisional certification status as outlined on the certification training record.

c. Following full certification, FCC providers will complete 24 hours of inservice training annually. A minimum of 6 hours of training will be completed each quarter. Content of this training will be determined by the FCC provider, and TACS with the approval of the FCC director.

d. FCC providers must complete training as stated in paragraph 3–18 to maintain FCC certification status. Failure to complete the required training will result in suspension of the FCC provider from the FCC delivery system.

e. At the end of the 3–year certification period, the FCC provider must meet the following criteria before another 3 year certification may be issued. As part of the FCC certification renewal process, the FCC provider will be successfully evaluated with an environmental rating scale, the FCC CARAT and update training on—

(1) Child abuse identification, reporting, and prevention.

(2) CPR and first aid.

(3) Communicable diseases and administration of medication.

f. All FCC training will be competency based (such as, the training is presented and instructed in such a way that the knowledge and skills taught can be observed during the provision of care).

6–21. Specialized training

a. Child abuse and neglect. Special attention will be given to training FCC providers in the identification, reporting, and prevention of child abuse both in the FCC home and the family setting. All training will be coordinated with FAPM and will include both written and verbal guidance. The FAPM will support and provide training, assume major responsibility for training on identification and reporting procedures, and serve as a resource person to FCC management personnel.

(1) Precertification child abuse training (two credit hours) will focus on child abuse and neglect/identification and reporting, and will include the following:

- (a) Definition of child abuse, child neglect, institutional abuse.
- (b) Signs and symptoms (behavioral and physical) of child abuse.
- (c) FCC system internal and external reporting procedures.
- (d) Legal obligation to report child abuse.
- (e) Applicable SOPs.
- (f) Distinguishing between child abuse/neglect and poor caregiving practices.
- (g) Parent access policy.
- (h) Guidance on release of children to unfamiliar adults or to older siblings.
- (i) Parent/provider partnership in the identification and prevention of child abuse.

(2) Certification training (two credit hours) will focus on preventing child abuse in FCC homes.

- (a) Use of the FCC CARAT to minimize risk of child abuse.
- (b) Discipline policies/concerns related to child abuse.
- (c) Touch policy.
- (d) Use of substitute providers.
- (e) Preventing the appearance of abuse and protecting self and family members from false allegations.
- (f) Field trip procedures.
- (g) Applicable SOPs if allegations occur in FCC home.
- (h) Stress factors related to child abuse.
- (i) Developmental expectations/supervision factors related to child abuse.

b. First aid and Cardiopulmonary resuscitation training. The American Red Cross Accident Prevention and Emergency Response Training Course developed specifically for CDS purposes should be used to meet IDP requirements for first aid and CPR training. FCC providers must receive the following first aid and CPR training instruction blocks of instruction regardless of the training agency:

- (1) Emergency action principles.
- (2) Wounds.
- (3) Cardiopulmonary resuscitation.
- (4) Communicable diseases.
- (5) Accident prevention.
- (6) Specific injuries.
- (7) Sudden injuries.
- (8) Bandaging.
- (9) Burns.
- (10) Administering medication.

c. Health consultant. The health consultant will be the proponent for all training on administering medications and preventing communicable diseases. The materials used and the content of the training will be the responsibility of the MTF representative.

d. Special endorsements. Additional training will be required for all FCC special endorsements.

- (1) Extended hours/overnight and long-term care: (one credit hour).
- (2) Mildly ill care: (two credit hours).
- (3) Respite/emergency care: (two credit hours) to be determined locally in coordination with the health consultant.
- (4) Mainstreamed special needs care: (two credit hours minimum or more) to be determined by the Special Needs Resource Team.

e. Special purpose homes. Additional training will be required for FCC providers who operate special purpose homes:

- (1) Special needs homes: (eight credit hours) to be determined by the Special Needs Resource Team.
- (2) Newborn/infant homes: (two credit hours) special health and caregiving procedures issues including parent/child bonding.

- (3) HIV: (two credit hours).
- (4) Bilingual homes: (one credit hour) cultural issues and parent relations.
- (5) Sick child homes: (two credit hours) to be determined locally in coordination with the health consultant.

Section IV

Program Operations Compliance Requirements

6–22. Operating hours

a. FCC providers will specify hours of service with each patron. Care will not exceed 12 hours of continuous care per day on a regular basis unless the FCC provider has obtained the special endorsement for extended care or long-term care.

b. In accordance with installation requirements a designated number of FCC providers should be recruited to provide child care services which support mission requirements after normal duty hours.

c. When the FCC system has limited openings, new provider applicants should be restricted to those who agree to provide extended hours, long-term care services, and other specialized care if there is an unmet demand for these services.

6–23. Attendance records

FCC providers will keep daily attendance records for each child which show arrival and departure times, meals served, and special instructions received from parents. These forms will be initialed by the parent or authorized designee. Records will be kept as required by USDA or as long as the child is enrolled.

6–24. Standing operating procedures

SOPs will be developed to ensure safe developmentally appropriate and cost effective management of the FCC system. SOPs will be available as applicable, to patrons, FCC providers and management personnel, and command representatives. FCC providers will receive direct training on SOP content as appropriate. The following subjects will be covered in locally developed SOPs.

- a. Certification of FCC homes and providers (see para 6–14).
- b. Resource and program management including report requirements.
- c. Unauthorized care policy.
- d. Compliance with minimum standards including provisions for home monitoring, suspension, and revocation procedures.
- e. Child abuse identification, reporting, and prevention.
- f. FCC resource/toy lending library.
- g. Enrollment in USDA CACFP.
- h. Special purpose homes and special endorsements.
- i. Health procedures including reports of communicable diseases and local standards for orderliness and cleanliness.
- j. Use of substitute/back-up providers.
- k. Release of children.
- l. Emergency procedures.
- m. Others as dictated by local circumstances.

6–25. Discipline

All FCC providers will prepare a written discipline and touch policy based on the criteria in paragraph 4–10 prior to provision of care.

a. This policy will be given to all parents of children enrolling in FCC homes as part of the admission process.

b. The policy will clearly state which disciplinary techniques will be used and must be approved by FCC management personnel. Corporal punishment is not allowed.

6–26. Age composition, ratios, and group size

Each provisionally and fully certified FCC home will be authorized a maximum number of children who may be accepted at any one time for full–day, part–day or hourly care (table 6–1). This total may be restricted locally, based on the size of the housing unit.

Table 6–1
Family child care home ratios and group size

Home type/setting	Age group	Adult/child ratio	Group size
Multi–age ¹	4 wks–12 yrs	1:6	6
Newborn/Infant ²	Birth–12 mths	1:3	3
Infant/Toddler	4 weeks–3 yrs	1:3	
School–age	5 yrs–12 yrs	1:8	8
Special needs	4 wks–12 yrs	Determined on individual basis	Determined on individual basis
HIV	4 wks–12 yrs	Determined on individual basis	Determined on individual basis
Mobile home units ¹	4wks–12 yrs	1:4	4

Notes:

Provider's own children under the age of 8 count in all ratios except school–age homes where provider's own children under the age of 12 count.

¹ Age group may include only two children under 2 years of age.

² Birth to 4 weeks age group restricted to children of sole/dual military parents.

a. For multi–age homes: In an FCC home in which one FCC provider cares for children of all ages (4 weeks through 12 years), the group size at any given time will not exceed six. No more than two of these children may be under 2 years of age. The FCC provider's own children under age 8 will count toward the group size requirement.

b. For age specific homes the following applies:

(1) *Infant/toddler home*. In an FCC home in which one FCC provider cares for children who are all under 2 years of age, the group size at any given time will not exceed three. The FCC provider's own children under 8 years will count toward the group size requirement.

(2) *School–age home*. In an FCC home in which one FCC provider cares for children who are all enrolled in kindergarten or elementary school classes, the group size at any given time will not exceed eight. The FCC provider's own children 12 years and younger will count toward the group size requirement.

c. The following applies to special purpose homes:

(1) *Special needs home*. In an FCC home in which one FCC provider cares for children with disabilities (physical or emotional), or unique care requirements, the group size at any given time will be determined by the FCC director in consultation with the CDS coordinator and appropriate medical and social service support personnel.

(2) *Newborn/infant home*. In an FCC home in which one FCC provider cares for infants who are all under 12 months of age, the group size at any given time will not exceed three. The FCC provider's own children under age 8 will count toward the group size requirement.

d. A lesser number of children or further restrictions on age–group configurations may be established for any FCC home. These exceptions will be determined as part of the FCC certification process and will be influenced by such factors as residence size and accommodations; FCC applicant qualifications and experience; and special requirements for children and families using services.

e. Mobile homes may only be used for FCC if the number of children is limited to four children under the age of 12 years. Only two of the four children may be under the age of 2 years. The FCC provider's own children under the age of 8 years must be counted in these ratios.

f. Providers exceeding these ratios as authorized by previous edition of AR 608–10 may continue to operate until the children leave through normal attrition at which time they may not be replaced.

6–27. Staffing patterns

a. The FCC provider will be in the home at all times when children are under care except in the event of illness, emergency, or a necessary planned absence reported in advance to the parents of the children in care.

b. The FCC director will maintain a file of substitute FCC providers. These individuals must meet the criteria in paragraph 6–13.

(1) Updated listings of approved substitutes will be regularly available to FCC providers. FCC providers may identify their own substitutes who meet these criteria.

(2) Spouses will not be used to provide emergency back-up care or substitute care except as specified in paragraph 6–13d.

(3) FCC providers will be responsible for all substitute arrangements including financial reimbursement.

c. When substitutes are necessary to replace an FCC provider for more than 10 hours in a week or for regularly scheduled absences, the FCC director will approve of the plan for the continuity of care of the children assigned to the FCC provider's home.

d. An FCC provider may provide emergency or substitute care in the FCC home, if space allows, for children regularly enrolled in another certified FCC home.

e. The FCC provider will develop a contingency plan for emergency care of children as a part of the certification process.

6–28. Supervision of children

With the exception of school-age children whose parents have given consent for unaccompanied after school activities, the FCC provider will provide continuous, watchful, and responsible supervision of all children at all times, including—

a. Remaining within the housing unit when children are in the FCC home.

b. Remaining in close proximity of children during periods of activity.

c. Providing constant supervision when children under 5 years of age are in a bathtub, shower, wading pool, playing with standing water, using plumbing fixtures that have a temperature that exceeds 110°F.

d. Accompanying at all times children under 5 years of age who are playing outside.

e. Observing napping children periodically. In two story housing units, FCC providers will be encouraged to nap children on the ground floor or be upstairs while children are napping.

Section V

Developmental Programming Compliance Requirements

6–29. General

a. The FCC director, outreach worker, TACS, and nutritionist will prepare a developmental program plan for their installation which—

(1) Describes the philosophy of the FCC program.

(2) Defines goals for implementation of developmental program.

(3) Includes a training plan for all FCC management staff to ensure consistent program application.

(4) Specifies procedures to assess the developmental program.

(5) Outlines plans for parent involvement.

(6) Includes an annual training agenda for providers.

b. Indoor and outdoor environments will support the developmental needs of the specific children in care. Daily activities will reflect the developmentally programming compliance requirements outlined in paragraph 4–21.

6–30. Developmental programming requirements

FCC homes provide unique opportunities for children to learn and grow at their own pace.

a. In a FCC home much learning takes place through child observation and participation in normal home routines such as, sorting laundry, cooking, simple repairs and maintenance. FCC providers should use daily routines such as eating, washing, toileting, and napping as the framework for organizing the day. Structuring the day in this manner will give the child a sense of competency by understanding what is going to happen as the day progresses.

b. The daily schedule for children, though informal, should provide some consistency to encourage feelings of stability and security. When planning daily program activities and routines, the FCC provider will consider—

(1) The age and developmental level of the children.

(2) The needs of individual children.

- (3) The experiences offered children in their own homes.
- (4) The goals that children’s families have for them.
- c. Daily activities modeled on the FCC provider sample developmental activity schedule completed during the certification process will include—
 - (1) Routines such as meals, snacks, and rest periods which follow a familiar and consistent pattern.
 - (2) Opportunities to “help” the FCC provider with simple household chores.
 - (3) Stories, music, dancing, and singing with children.
 - (4) Listening and talking opportunities.
 - (5) Creative activities such as water play, cutting and pasting, painting, coloring, dramatic play and blocks.
 - (6) Outdoor activities such as neighborhood walks and gardening.
- d. Each provider should, with the assistance of the TACS, prepare a weekly activity plan which is based on the developmental levels of children in care.
- e. The TACS should provide a monthly activity guide for all providers which includes ways to use the home environment in developmental programming for FCC children. This guide should offer low–cost ideas for activities and equipment and should include guidance for working with a group of multi–age children.

6–31. Program materials, toys and equipment

- a. Program equipment, toys and materials will be furnished by the FCC provider according to requirements of paragraph 4–21.
- b. Common household materials (such as, sorting and classifying socks by color and size) can provide learning experiences for a child if they are properly presented and supervised. FCC providers should use items found naturally in the home whenever possible to facilitate child learning and promote growth and development while minimizing costs.
- c. The following types of equipment will be provided. Quantities of materials and equipment will be sufficient to avoid excessive competition among children and long waits for use.
 - (1) Child size table and chairs or adult furniture adapted for child use.
 - (2) Equipment that encourages self–help such as step stools at sinks, coat storage, and low shelves for toys.
 - (3) Individual sleep areas or rest mats.
 - (4) Small manipulative items such as puzzles, shape sorters, small building sets and games.
 - (5) Creative materials such as play dough, crayons, and dress–up items.
 - (6) Books, sensory materials, and blocks appropriate for each age group.
 - (7) Record player or tape cassette.
- d. The FCC provider will use items from the FCC resource/toy lending library to supplement own toys, furnishings, and equipment.
- e. The following toys/equipment will not be used in FCC homes:
 - (1) Infant walkers.
 - (2) Toy boxes/chests.
 - (3) Trampolines.

6–32. Indoor child activity spaces

- a. The FCC home is used both for family living and child care. The use and arrangement of space in the home will depend on the age and number of children cared for, the needs of the FCC provider’s family and the amount and layout of available space. Without completely disrupting normal family routines, FCC providers must be willing to make some adjustments to the family home. As a minimum, the following must be provided:
 - (1) Space for individual storage of children’s belongings.
 - (2) Protected, safe places for sleep or rest.
 - (3) Open, safe space to play, explore, and pretend.
 - (4) Protected safe places for infants to crawl if infant care is provided.
 - (5) Space for large muscle activity and safe exploration for toddlers.
 - (6) Designated spaces where children may read, draw or do other quiet activities.
- b. An FCC home must have sufficient space in relationship to the number and ages of children in care to accommodate the full range of developmental needs of children, particularly those physical needs

affected by space limitations. When questionable, sufficient space will be determined cooperatively by local fire, health, safety and CDS personnel.

c. Basement rooms will not be used for the care of children unless they are dry, free from fire hazards, and have adequate exits as determined by the installation fire marshal. Children may not have access from the basement care area to other basement areas which contain heating elements or other safety hazards.

d. A flush toilet and lavatory will be within a reasonable distance to spaces occupied by children.

e. Breakable objects in areas accessible to children will be removed to avoid breakage or potential discipline problems. Breakable objects in homes serving infants and toddlers will be at levels that infants and toddlers cannot reach. Children under age three will not be allowed in areas with breakable objects, including napping locations, unless they are directly supervised by the FCC provider.

6–33. Outdoor child activity spaces

a. Children enrolled in FCC homes will have access to hazard-free outdoor play space. Where such play space is not available on the premises, parks, or playgrounds, other easily accessible outdoor spaces may be used with approval of the FCC director.

b. Children under 5 years will not be permitted outdoors unless accompanied by the FCC provider.

c. Portable/removable fencing to enclose small play areas for young children may be provided as part of the FCC toy/resource lending library.

d. Children enrolled in an FCC home should spend part of each day, weather permitting, outside.

6–34. Program oversight for family child care providers

a. Home visits will be conducted at least quarterly and, wherever possible, monthly by the FCC director/outreach worker(s).

b. FCC providers appearing to need additional support and training must be visited more often. Frequency of visits will be determined by the FCC director.

c. A minimum of two home visits per year will be unannounced. One of these will be during the morning hours and one during the naptime period.

d. Refusal to admit FCC personnel to an FCC home will be grounds for revocation of certification.

e. An unannounced fire drill will be conducted during at least one visit per year.

f. Written records of all visits to the FCC home will be maintained in each FCC provider file. Documentation will include the date, time, purpose of each visit and general impression of the FCC home. Each entry will be jointly initialed by the individual making the visit and the provider.

g. FCC management personnel will model appropriate child development techniques, provide program guidance, and determine overall program compliance during each visit.

h. USDA CACFP visits when conducted by Army FCC sponsors and CARAT visits will be in addition to not in lieu of regular home visits.

6–35. Provider and home compliance

a. FCC providers will—

(1) Comply with all applicable regulations and directives concerning correction of minimum standard deficiencies.

(2) Admit any of the regulatory proponent representatives including CDS management personnel to ensure regulation compliance.

(3) Display FCC certification document in an area in the home frequented by parents of the children in care.

b. FCC providers will not furnish or make misleading or false statements on reports. Failure to comply with the provisions of this regulation—

(1) May be grounds for denial, suspension, or revocation of certification.

(2) May also result in loss of Government housing privilege.

6–36. Noncompliance/suspension/revocation of certificates

a. Each installation will develop an SOP that describes the procedures for noncompliance with regulatory requirements as well as plans for suspension/revocation.

b. Suspension or revocation decisions will be made by the senior commander upon the recommendation of the CDS coordinator. Immediate suspension of the FCC home certification will occur if the FCC

provider's failure to comply with the regulatory requirements results in an emergency situation that endangers life, health, or safety of children in care, and in cases of suspected child abuse. The certification document and home identification card will be returned to and retained by the FCC director during the period of suspension or upon revocation. The senior commander will close a FCC home when a life threatening situation exists, when there is reason to believe a child is at risk if the FCC home remains open or when adult occupants of an FCC home unreasonably deny admission to CDS management personnel.

6-37. Investigation of complaints

a. Upon receipt of a written complaint about a provisionally or fully certified FCC provider, FCC management personnel will visit the home within 3 working days of receipt of the complaint to determine a course of action if the complaint is determined to be valid.

b. If a complaint is received telephonically or anonymously, the FCC director and CDS coordinator will jointly evaluate the complaint to determine necessary actions.

c. Complaints will be handled as follows:

(1) Complaints including child abuse allegations will be handled according to paragraph 2-22.

(2) Actions related to other complaints will be initiated within 3 working days after validation of the complaint.

(3) A status report of complaint action will be provided to the individual/agency lodging the complaint.

d. All complaints either written or verbal will be maintained in the FCC provider's file.

e. FCC providers will have the right to review and refute all complaints registered against them.

6-38. Unauthorized child care

When unauthorized child care occurring in Government owned or leased housing is brought to the attention of CDS the following steps will be taken:

a. FCC management personnel will visit the home within 3 working days, to verify whether or not an individual is operating a FCC home without valid certification. FCC management personnel will not enter the housing unit without the consent of an adult occupant. If the occupant refuses admittance, the Provost Marshall will be contacted.

b. If it is determined that care in excess of 10 child care hours per week is being provided on a regular basis, the individual providing care will be informed in writing within two working days after the visit by the senior commander of the violation and given notice to cease care immediately. Those individuals occupying Government housing will be advised that their housing privileges may be terminated if the care continues. A copy of this letter will be sent to the DEH.

c. If the individual expresses a willingness to become certified and if there is an opening in the FCC caseload, the director may begin certification procedures which include the following:

(1) Local background check.

(2) Orientation training.

(3) Consent for home inspections.

(4) Child abuse prevention training.

(5) Successful completion of fire, health and safety inspections.

(6) Prescreening interview.

d. If the individual is determined to be a qualified candidate, the director can on a case-by-case basis, work out a plan for care of the children which minimizes the disruption to the children already in care.

e. Parents of the children in care will be notified in writing of the status of the individual providing care; and that the person is not certified.

f. When an uncertified individual meets the criteria listed in paragraph 6-38c the children may return to care as long as the number of children under care is in accordance with this regulation and the following restrictions are in effect:

(1) No additional children will receive care until all requirements for provisional certification are complete.

(2) FCC management personnel will make unannounced visits to the home at least weekly until all requirements are complete.

(3) If the individual does not become provisionally certified at the first possible opportunity after the resumption of care, the FCC home will be closed. The individual involved will be advised of this policy.

g. When an individual who has been notified in writing of violation of Army FCC requirements, has made no attempt to begin certification process (within 10 days of receipt of notice of violation and is

continuing to provide care), CDS personnel will again notify the senior commander and the family housing personnel in writing along with a recommendation as to further action.

6–39. Care at remote sites/small installations

The following will apply to small Army installations or remote sites where there are no CDS delivery systems, and there are no more than 35 family housing units, but Government owned or leased housing exists and there are fewer than 10 individuals caring for children on a regular basis.

- a. Family members providing care must—
 - (1) Meet the minimum age, health, and background clearance requirements.
 - (2) Comply with the minimum fire, health and safety requirements. Checks will be completed by proponent agency at closest installation through a written letter of agreement.
 - (3) Observe FCC adult/child ratios and maximum group sizes and comply with patron eligibility requirements.
- b. Individuals will not receive Army FCC certification.
- c. State certification may be required depending on local law and the type of jurisdiction exercised over the installation.
- d. The DPCA, officer or civilian employee occupying a comparable position will have overall installation responsibilities for child care in these housing units.
- e. IMCOM CDS proponent or designated representatives will provide on-site technical assistance and maintain professional oversight to ensure compliance with the requirements as stated.
- f. Care may be initiated under these conditions only if it has been determined by the installation and IMCOM that the child care need is very limited for instance, 10 or fewer potential homes and no center-based services.

Section VI

Health and Nutrition Compliance Requirements

6–40. Health inspection requirements

a. Health inspections within each FCC home will be conducted by installation preventive medicine officials or designee prior to final certification, annually thereafter, (based on a calendar year), or more often as needed per local requirement to ensure CDS standards are met. (See app C.)

(1) On installations with more than 15 FCC homes, signature authority may be given to FCC management personnel to conduct some of the remaining inspections if preventive medicine officials have formally provided training to FCC management personnel prior to such inspections.

(2) Preventive medicine officials will conduct a minimum of five inspections jointly with FCC management personnel to ensure standards are applied consistently.

(3) Preventive medicine officials will inspect all homes of FCC applicants and active FCC providers that are identified as high risk. High risk homes include homes where—

- (a) FCC providers are 18–20 years old.
- (b) FCC providers take care of only infants and/or toddlers.
- (c) FCC providers are caring for children with special conditions or circumstances to include but not limited to:

1. Mild illness.
2. Exceptional family member placement.
3. Sudden Infant Death Syndrome vulnerability.
4. Developmental lags/failure to thrive.
5. HIV diagnosis.
6. Family advocacy placement.
7. Special needs involving a handicapping condition.
8. Medically fragile children and children on high risk technical equipment (such as, monitors).

(d) Homes in categories listed in paragraph 6–40a(3)(a) and (b) will be visited within six weeks of child placement. Homes in paragraph 6–40 will be visited before children are placed in home and will receive follow up visits within 6 weeks.

(4) Upon request, preventive medicine officials will visit FCC homes where health related problems are identified by FCC management personnel.

b. The FCC provider will identify an area within the home when children who become ill after arrival at the FCC home may be isolated and observed.

6–41. Sanitation operational requirements

a. The FCC director in coordination with health consultant and the DEH officials will determine local standards for orderliness and cleanliness of FCC home areas used for direct and support services to children.

b. The FCC provider will be responsible for daily monitoring of FCC home interior spaces to ensure all home spaces meet all local fire, health, and safety standards as required in this regulation.

Section VII

Facility Compliance Requirements

6–42. Facilities requirements

a. *Occupancy approval.* Family housing units authorized for dependent habitation may be considered for use as FCC homes. Each individual housing unit must receive certification to be used as an FCC home.

b. *Structural changes.* No structural changes including the removal/addition of walls, flooring and major construction work may be made in quarters used for FCC homes for the provision of child care without the permission of the DEH.

6–43. Maintenance and repair

a. Facilities engineers will maintain FCC homes according to established fire and safety standards for Government quarters and CDS minimum standards for FCC homes. Maintenance and repair of Government-controlled quarters will not exceed maintenance and repair standards outlined in AR 210–50.

b. The FCC provider will ensure that the FCC home is—

- (1) In good repair.
- (2) Maintained in a hazard free, safe, and clean condition.
- (3) Free from any evidence of vermin or rodent infestation.

c. FCC providers living in Government owned or leased housing units will submit facility work orders when repairs are necessary.

d. Areas used for care of children in the FCC home will have floors and walls that can be fully cleaned and maintained and are nonhazardous to the children's health.

e. FCC home areas used for direct and support services to children will be maintained to meet local minimum standards of orderliness and cleanliness.

6–44. Lighting

Each room occupied by children in care will have sufficient lighting to support child activities.

6–45. Circulation and ventilation

Each room occupied by children will have circulation and ventilation sufficient to reduce odors and allow for child comfort.

6–46. Climate control

In the interest of energy conservation FCC homes are strongly encouraged to comply with the 65°F. winter temperature restrictions. Room temperature will be kept between 78 and 80°F. during the summer months. Air conditioning units or systems will not be provided by the Army solely for the purpose of meeting cooling requirements for FCC homes.

6–47. Standards for privately or commercially owned housing on a military installation

a. *Wherry and Government leased housing.* Existing Wherry and Government leased housing must meet structural, fire, safety and health standards as required by this regulation. Compliance must be verified by the FCC director and the DEH before FCC certification will be granted.

b. *Mobile homes and trailers.* Mobile homes/trailers must meet the following criteria.

(1) Construction of mobile homes will meet the requirements of Housing and Urban Development, Part 3280, title 24, Code of Federal Regulations except as modified below.

(a) All rooms used for sleeping, dining, and general living, excluding bathrooms will have at least two means of egress/escape, one of which may be a window. Window egress will be less than 22 inches from the floor and have a minimum clear opening of 5 square feet.

(b) All rooms used for sleeping, dining, and general living excluding bathrooms will be provided with a battery operated or hard wired smoke detector in addition to those already required in hallways by the code referenced in paragraph 6–47b(1).

(c) Interior finishes for new and existing mobile homes will meet the code reference in paragraph 6–47b(1).

(d) A smoke detector will be installed in the kitchen or a sprinkler will be tied into the domestic water system.

(e) An operable multi–purpose ABC dry chemical extinguisher (minimum 2½ pounds) fire extinguisher will be provided and located in the kitchen, at a wall height of not less than 48 inches to the bottom of the extinguisher.

(f) A skirted barrier will be provided around the exterior walls to prevent children from gaining access into the open space beneath the home. The barrier will be of substantial construction with noncombustible materials, or the same type of materials used for the exterior walls of the home. Child proof locks will be provided on access doors to crawl spaces.

(g) Handrails will be provided where there are more than two entrance steps to the home. The handrail will be at least 30 inches high and have intermediate rails or an ornamental design, such that a sphere 6 inches in diameter cannot pass through any openings in such handrails. Height of handrails at the top of the stair landings, if provided, will be at least 36 inches.

(h) Entrance steps will have slip–resistant treads.

(i) Compliance must be verified by the FCC director and DEH before FCC certification will be granted.

(2) Before privately or commercially owned housing may be certified, the owner must sign a consent for home inspection (fig 6–3) allowing inspection of the home by FCC and DEH personnel as required by this regulation. Any deficiencies must be corrected at the owner's expense prior to FCC certification.

Section VIII

Fire Prevention Compliance Requirements

6–48. Fire prevention structural requirements

FCC homes will meet the requirements of NFPA 101, except as modified by this regulation.

a. Housing units located above the fourth floor in a multi–story building may only be used for FCC if the rescue equipment of the servicing fire department can reach the housing unit's exit window within 10 minutes from the time the fire is reported.

(1) The installation fire marshal will be authority for assessing and validating, in writing, the capability of the servicing fire department. This validation must be noted in the current files of both the installation fire chief and the FCC director.

(2) Validation will be renewed annually by the fire chief, and will be signed and dated on the file copies of the original certification.

(3) Rescue equipment is defined as aerial ladder trucks or portable ladders capable of reaching and serving as a means of evacuation for occupants above ground floor.

b. Each floor level that is occupied by children in care will have at least two means of escape, at least one of which will be a door or stairway providing a means of exiting the building at street or ground level. The second means of escape may be a window according to 11–2.11.1 NFPA 101.

c. In a dwelling of unprotected wood frame construction, every room used for sleeping, living, or dining will have at least two means of exit, one of which may be a window.

d. In a multi–story building with open stairways where levels above the ground are used for care, there will be a smoke detector on each floor in a shared hallway.

e. The housing unit will have a battery–operated or hardwired smoke detector inside the individual housing unit used for child care.

f. Open fireplaces, portable combustion space heaters, and electric heaters may not be used as a heat source on areas accessible to children.

6–49. Fire prevention operational requirements

a. Fire inspections within each FCC home will be conducted by the installation fire marshal prior to provisional certification, annually thereafter, or more often as needed according to local requirements to ensure CDS minimum standards are met.

b. Housing units, garages, and surrounding yards will be checked daily for potential fire hazards by the FCC provider. Conditions posing a threat to the children will be corrected immediately.

c. FCC providers will be trained in evacuation procedures by the fire marshal as part of the certification training.

d. The FCC provider will have an operable multi-purpose ABC dry chemical extinguisher (minimum 2 1/2 pounds).

e. FCC providers will have a contingency plan for the evacuation of all children from the FCC home. This plan will be displayed in a prominent area within view of parents.

f. Documented fire drills involving all children will be conducted by the FCC provider at least once every month at different times of the day and upon enrollment of a new child. A fire drill will be simulated at least twice a year as follows.

(1) During one quarterly visit when FCC director/outreach worker is present.

(2) During the annual fire inspection when the fire marshal is present.

g. FCC providers must be present during all times children are in kitchen areas.

h. All infant/toddler providers caring for more than two children will satisfactorily demonstrate that all children can be evacuated in less than a minute.

Section IX

Safety Compliance Requirements

6–50. Safety structural requirements

a. Each FCC provider should have a functioning telephone within the certified housing unit. A pay phone within a multiple unit dwelling will meet this requirement.

b. Lead based paint is not permitted for use in family housing units.

(1) The installation safety officer, in coordination with the health consultant, the DEH, and the FCC representative, will schedule and perform paint sampling and request chemical analysis of the paint samples obtained from dried paint that is chipped, peeling, or flaking in FCC homes as part of the certification process.

(2) When a FCC home is determined to have paint containing more than 0.06 percent lead by weight in the dry film samples above, the safety officer will request the DEH to take abatement action to eliminate the hazard.

c. Areas used for care of children will be free of—

(1) Loose asbestos particles.

(2) Ureaformaldehyde insulation.

(3) Exposed electrical wiring.

d. All open windows in rooms used by children will be securely screened, opened only from the top, or protected by a barrier.

e. Windows and doors leading to upper level balconies and porches will be secured or locked at all times children are present.

f. Any door having direct outside egress will not be left ajar without a protective barrier.

g. Doors to closets and bathrooms will have operable hardware, be free from dangerous protrusions, and be capable of being unlocked from either side.

h. Every closet door latch will be such that children can open the door from the inside.

i. Every bathroom door lock will be designed to permit the opening of the locked door from the outside in an emergency. The opening device will be readily available to the FCC provider.

j. Sliding glass doors will be plainly marked at child eye level to avoid accidental impact.

k. Barriers will be provided at the entry to any stairway accessible to children in FCC homes caring for children under three years. Folding diamond shaped barrier gates will not be used.

l. Stairways used by children or adults carrying children will be carpeted or have nonslip treads, be lighted, and free of all hazards. Stair treads will be uniformly slip resistant and free of projections or lips that could trip stair users.

- m.* Refrigerators and freezers that are not in use will have the doors removed or secured to prevent opening.
- n.* Floors will be free from protrusions, holes, and splinters.
- o.* Extension cords must meet UL standards and will be used only with the permission of the fire marshal.
- p.* Electrical appliances will meet UL and NFPA standards or comparable host nation standards and may not have cords that are frayed or damaged.
- q.* All electrical outlets will be covered with child proof outlets when not in use.
- r.* At least one operable flashlight will be provided in a location accessible to the FCC provider for use in the event of a power failure.
- s.* Heating elements, including hot water pipes, fireplaces, and woodburning stoves located in areas used by children will be insulated, protected, or barricaded so that children cannot come into contact with them when in use.
- t.* Outdoor play space will be free of hazards including debris, broken glass, peeling paint, tools and construction materials, water holes, wells, and open drainage ditches. Any such hazards will be fenced, protected, or removed as appropriate.
- u.* Those items for instance, non-slip surfaces on stairs which are required by the NFPA Life Safety Codes for all family housing will be the responsibility of the DEH to install and maintain.
- v.* Those items for instance, electrical outlet covers that are required to meet specific FCC requirements will be the responsibility of the FCC provider to install and maintain.

6–51. Safety operational requirements

- a.* Safety inspections within each FCC home including common areas in multi–unit buildings, equipment, and outside surroundings will be conducted by a installation safety officer or suitably trained professional according to AR 385–10 prior to provisional certification, annually thereafter, or more often as needed per local requirements to ensure CDS standards are met.
- b.* The FCC provider will be responsible for daily monitoring of FCC home interior spaces and outside activity areas regularly used by children for potential safety hazards, and taking corrective action regarding same.
- c.* Indoor and outdoor program equipment, toys, and materials will be safe, durable, in working order, and have a nontoxic finish.
- d.* Matches, medications, power tools, knives, razors, other sharp objects, detergents, solvents, cleaning and other hazardous supplies, and flammable or caustic materials, will be kept in a secured area inaccessible to children.
- e.* Firearms, ammunition, and other weapons, poisons, flammable or caustic materials, and insecticides will be stored in locked cabinets. Firearms will be unloaded at all times children are in the home. Firearms and ammunition will be stored separately.
- f.* Current instructions will be posted at each telephone to facilitate calling for ambulance, medical, fire, and military police service.
- g.* Child care activities are prohibited in rooms that have a furnace, domestic water heater, gas meter, or open flame heater. This does not apply to heaters and meters of the type used within living areas OCONUS.
- h.* Wherever possible flammable such as gasoline, kerosene, lighter fluid, paint, and insecticides will be stored outside the quarters in locked storage rooms provided no heat source (hot water, and so forth) is present.

6–52. Program evaluation

The FCC system will be assessed for program compliance and monitored for quality assurance on a regular basis as outlined at paragraph 2–5. A quality assurance plan will be developed jointly by the FCC director, outreach worker(s), and the TACS assigned to the FCC system. Major program oversight components include—

- a.* Use of an environmental rating scale on an on–going basis with assessment completed annually by FCC management personnel to—
 - (1) Systematically assess individual FCC homes to quantify acceptable levels of care.
 - (2) Identify caregiving areas and situations which need corrective action.
- b.* The FCC CARAT will be used by FCC management personnel to—

(1) Assess the potential risk of child abuse or neglect allegation or situation occurring in a FCC home, as a minimum prior to full certification and before recertification. Use DA Form 5761 (Family Child Care (FCC) Risk Assessment Tool Observation Instrument), DA Form 5761-1 (Family Child Care (FCC) Risk Assessment Tool Observation Summary), DA Form 5761-2 (Family Child Care (FCC) Risk Assessment Tool Interview Summary), and DA Form 5761-3 (Family Child Care (FCC) Risk Assessment Tool Report). DA Forms 5761, 5761-1, 5761-2, and 5761-3 will be reproduced on 8 1/2 by 11-inch paper. Copies of these forms for reproduction are located at the back of this regulation. FCC providers will be afforded an opportunity to review the Privacy Act Statement on the DA Form 5761 prior to use of the CARAT.

(2) Review the FCC system and the individual FCC provider's administrative procedures and operational policies whenever a child abuse allegation is made against a FCC home.

c. Ten percent or a minimum of five provisionally certified homes and 10 percent or a minimum of five certified FCC homes will be randomly selected for review (by the ICCET) in addition to the management structure of the FCC system. Results of the ICCET will be used to focus management concerns, plan FCC provider training and program improvement initiatives, support budget and personnel requests and review internal procedures. Evaluation data from the following sources will be included:

- (1) Annual facility and program report.
- (2) Quality of life standards.
- (3) Patron satisfaction survey(s).
- (4) Environmental rating scale.
- (5) FCC system Productivity Analysis Sheets (when available).
- (6) Internal control checklists.
- (7) Proponent inspections.
- (8) USDA CACFP enrollment.
- (9) FCC management personnel qualifications.
- (10) FCC providers' qualifications and training records.
- (11) FCC CARAT.
- (12) Special investigations such as, Article 15-6, CID Crimes Prevention Survey, USDA CACFP audits, Army Audit Agency.
- (13) State licensing inspections if applicable.
- (14) FCC system response to unauthorized child care.
- (15) Trip reports resulting from higher headquarters visits.

**ARMY CHILD DEVELOPMENT SERVICES
FAMILY CHILD CARE CERTIFICATION**

HAVING SATISFACTORILY MET ALL REQUIREMENTS AS OUTLINED IN AR 608-10

SUSAN B. SMITH

IS HEREBY PROVISIONALLY CERTIFIED TO OPERATE A

FAMILY CHILD CARE HOME

IN QUARTERS 100

AS PART OF THE Fort Smith FAMILY CHILD CARE HOME SYSTEM

HOME CATEGORY: Multi-Age

RESTRICTION/EXCEPTIONS: None

DATE OF ISSUE: 1 April 1990

VALID FOR NO MORE THAN TWELVE MONTHS
FROM DATE OF ISSUE

(Signed)

FAMILY CHILD CARE DIRECTOR

(Signed)

INSTALLATION COMMANDER

Figure 6-1. Sample Family Child Care provisional certification document

**ARMY CHILD DEVELOPMENT SERVICES
FAMILY CHILD CARE CERTIFICATION**

HAVING SATISFACTORILY MET ALL REQUIREMENTS AS OUTLINED IN AR 608-10

SUSAN B. SMITH

IS HEREBY CERTIFIED TO OPERATE A

FAMILY CHILD CARE HOME

IN QUARTERS

100

AS PART OF THE Fort Smith FAMILY CHILD CARE HOME SYSTEM

HOME CATEGORY: Multi-Age

RESTRICTIONS/EXCEPTIONS:

SPECIAL ENDORSEMENTS: None

DATE OF ISSUE: 1 October 1990

VALID FOR THREE YEARS FROM DATE OF ISSUE

(Signed)

CDS COORDINATOR

(Signed)

INSTALLATION COMMANDER

Figure 6-2. Sample certification document

Provider Statement of Understanding Regarding Family Child Care	
	a. I fully understand that certification as a Family Child Care (FCC) Provider will allow me to provide child care services in accordance with (IAW) the provisions of AR 608–10, Child Development Services, and other applicable laws, regulations, and procedures. I will allow announced and unannounced inspections of my home and program assessment by the installation commander’s appointed representatives as part of the FCC certification process and to maintain my FCC certification status.
	b. I further understand that FCC Providers are not government employees. As a FCC Provider, I will not have a contract with the U.S. Army to provide services to or in behalf of the U.S. Army. Any contracts that may exist will be between myself and individual families seeking care for their children. In this regard, I am an independent contractor.
	c. As an independent contractor I will be legally responsible for my own actions, and primarily and individually liable for any injury or harm that may occur to children under my care as a result of any negligent or intentional act or omission on my part. Because, as a FCC Provider, I am not a government employee, the United States assumes no responsibility under the Federal Tort Claims Act, or any other provision of the law, which would allow it to be sued on account of my actions as an FCC Provider.
	d. I understand that the Risk Management Program (RIMP) administered by the Commander, U.S. Army Community and Family Support Center has established a program to provide for the payment of certain claims arising from the activities of certified providers while providing authorized child care. Such claims are generally limited to certain negligently caused injuries or death of children receiving care under the FCC program. Claims arising from the transportation of such children in motor vehicles and claims involving loss or damage of property are not included. Claims are processed in accordance with AR 27–20, Chapter 12. I understand that his limited claims program in not a substitute for private liability insurance. The decision to carry such private insurance is an independent business decision to be made by me. Regardless of my decision to carry such private insurance, I understand that compliance with all regulatory requirements, to include any necessary payment to the installation morale, welfare, and recreation fund, is a precondition to my achieving FCC certification.
	e. I agree to conduct child care IAW all applicable laws and regulations. I will immediately report all incidents of personal injury and death involving children under my care to the FCC director. I will also immediately notify the FCC director in the event that I am served with a court summons or complaint regarding a suit for damages arising from an injury or death to a child under my care. I also agree that I will cooperate fully with claims investigators and make my home available for their inspection with regard to the investigation of any claim arising from an injury or death to a child under my care. I acknowledge receipt of a summary of all regulatory guidance and other applicable laws, command guidance and local SOPs that govern the operation of FCC on this installation.
<i>(date)</i>	<i>(Signature of Family Child Care Provider) (Type or printed name)</i>
	<i>(Address)</i>

Figure 6–3. Provider Statement of Understanding Regarding Family Child Care

Parental Statement of Understanding Regarding Family Child Care	
a. I fully understand that Family Child Care (FCC) is available through the FCC delivery system from family housing located on military installations or in U.S. Government–owned or U.S. Government–leased family housing located off the installation. FCC is provided by Army certified and provisionally–certified family members who have been authorized to provide child care.	
b. I also understand that Army certified and provisionally–certified FCC Providers are not Government employees acting within the scope of employment when performing child care activities under the provisions of Army regulation. Any contract, either oral or in writing that I make with a FCC Provider is a personal matter between myself and the FCC Provider concerned. The Government has no obligation to settle disputes between us on any issues regarding fees or other matters concerning the availability or quality of the child care services provided.	
c. I understand that each Army certified and provisionally–certified FCC Provider receives some training before being allowed to provide child care and that a background check is performed on each FCC Provider within existing resources and capabilities. Nevertheless, I understand that the United States assumes no responsibility under the Federal Tort Claims Act, or any other provision of the law, which would allow it to be sued on account of any act or omission—criminal, intentional, negligent, or otherwise—by a FCC Provider that causes any injury or death to a child placed under the care of that provider.	
d. I understand, that the Risk Management Program (RIMP) administered by the Commander, US Army Community and Family Support Center has established a program to provide for the payment of certain claims arising from the activities of certified FCC providers. Such claims are generally limited to certain negligently caused injuries or death of children receiving care under the FCC program. Claims arising from the transportation of such children in motor vehicles and claims involving loss or damage of property are not included. Claims are processed in accordance with AR 27–20, Chapter 12.	
e. The claims program does not provide for any death, injury, or other loss caused by the operation of a motor vehicle regardless of the degree of fault, if any, on the part of the FCC Provider. (Note that FCC does not contemplate the use of motor vehicles in transporting children.) A child will not be transported in a motor vehicle by a FCC Provider unless specifically authorized in writing by the child’s parent or guardian. Such transportation is at the risk of the FCC Provider and parent or guardian concerned. Parents and guardians are responsible for determining on their own, the amount and extent of a FCC Provider’s automobile insurance policy coverage and whether or not that policy specifically covers a death or injury occurring to a child being transported by the FCC provider during the course of conducting a child care business.	
<i>(date)</i>	<i>(Signature of parent guardian)</i>
<i>(Typed or print name)</i>	
Optional permission/waiver regarding transportation of children in vehicles	
I, _____, hereby authorize _____ to be transported by _____ in a motor vehicle for the following purpose(s) indicated:	

Figure 6–4. Parental Statement of Understanding Regarding Family Child Care

I have read the material of this document regarding automobile insurance coverage and (check one of the following):	
_____ I am satisfied based on my own review that the FCC Provider or other person I have authorized to transport my child has adequate automobile insurance coverage and that the provisions of the automobile insurance policy specifically cover injuries and deaths arising out of an automobile accident occurring during the course of conducting a child care business.	
_____ I specifically agree to hold the FCC Provider (or other person I have authorized to transport my child) harmless from any claim or suit at law based on a death or injury to my child caused by the negligence of the FCC Provider or authorized driver during the course of transporting my child by motor vehicle as authorized above to the extent that such loss is not otherwise covered by the terms of the FCC provider's or authorized driver's automobile insurance policy.	
(date)	(Signature of parent/guardian)

Figure 6–4. Parental Statement of Understanding Regarding Family Child Care—Continued

Chapter 7 Supplemental Programs and Services System Component Requirements

Section I

Overview

7–1. General

a. Chapters 1 through 4 apply to the programs and services in the SPS system with the exception of statements referring specifically to Army operated FCC homes or CDCs.

b. SPS programs will meet the system component requirements specified in chapter 5 and chapter 6 for the type of care setting for instance, center-based or quarters-based care unless the requirements are waived or specified differently within this chapter. In center-based settings, CDC facility standards are waived when parents are on-site or immediately accessible for the duration of the child care session. However, installation fire, safety, health, and SPS proponents must certify that the site meets basic safety and health needs according to local SOPs.

c. The SPS delivery system will provide common support services for existing CDC and FCC systems, offer optional programs and services to supplement the CDC and FCC services when there is an unmet demand for child care, and serve as an alternative delivery system at remote sites or small installations where establishment of a CDC or FCC homes is not feasible.

d. SPS will be implemented as an alternative child care delivery system to the extent necessary to augment and support the CDS CDC and FCC delivery systems. Selected SPS options may be implemented in remote sites in lieu of CDC and FCC systems when child population is not large enough to support a CDC and/or homes are not available for quarters-based services.

e. The SPS system centralizes the coordination of some common services for instance, parent education, central registration, and training and referral of CDS volunteers, monitoring FCP s, coordination of CDS support role in training exercises and mobilization plans. This coordination role is necessary to allow the CDC and FCC delivery systems to focus on basic quality assurance factors needed to ensure the health, safety and well-being of children in care.

f. Retention of first term soldiers is influenced by the attitudes of family members perceptions of the responsiveness of the Army to meet family needs. Critical reenlistment periods coincide with soldiers' major child rearing years. Many of the SPS child care options are low cost and promote Soldier retention by allowing military families to participate more fully in military life for instance, as volunteers, through attendance at command functions and unit sponsored events, and as patrons of ACS and morale, welfare and recreation services.

g. SPS provide or support a balance of quality care options that are affordable, convenient to the work site, and readily accessible to military and civilian families. Many SPS options—

- (1) Are responsive to family members concerns about availability of care surfaced through symposia and reflected as issues in the Army Family Action Plan.
- (2) Help meet the installation need for occasional care, thereby increasing the amount of full-day services available in CDC and FCC systems.
- (3) Offer low-cost alternatives particularly responsive to the needs of junior enlisted soldiers.

7-2. Structure and policy

- a. SPS will be considered an integral part of the overall operation of CDS.
- b. The SPS delivery system will maximize program integration potential among CDS delivery systems, and between CDS delivery systems and other installation activities.
- c. The following SPS are designated as common support services which provide support to CDC and FCC systems. These services will be implemented as part of the SPS delivery system on installations having CDC and FCC systems.
 - (1) *Parent education services.* Centralized management and delivery of parent education services including CDS newsletters, resource libraries and special events (such as, Month of the Military Child) for all CDS delivery systems will be coordinated by SPS on installations with CDC and FCC systems.
 - (2) *Child development center volunteer services.* Centralized recruitment, management, training and referral of volunteers working in CDS programs will be coordinated by SPS on installations with CDC and FCC systems.
 - (3) *Child Development Services resource and referral service.* Provision of on and off-post child care referral services when installation CDS programs cannot meet child care demands or when demands for off-post child care exist. This service also assists in placement of children in CDS operated or sponsored programs Armywide prior to or in conjunction with Soldier or DoD civilian permanent change of duty station.
 - (4) *Child Development Services central enrollment registry service.* This service functions as a “one stop” CDS program registry service for patrons and as a resource management measure to centrally track and monitor child vacancies and waiting lists in all CDS delivery systems on installations with CDC and FCC systems. Referrals will be made to family support programs, education, health and recreational programs offered by on-post agencies (such as, ACS, Chaplains).
- d. SAS program services for children of dual military couples, dual working couples and single soldiers when children require supervision during duty hours before and after school, on school holidays, during school vacations, on teacher inservice days and during school closings. The SAS program will be implemented when an installation needs assessment supports the requirement. Proponency of the SAS program is determined by the commander. Either CDS or YS may be designated as the proponent.
- e. The following SPS programs are designated as optional programs or services and may be implemented at the discretion of the senior commander.
 - (1) *Short-term alternative child care Program.* Provision of on-site hourly group child care within the same building where the parents or guardians of all children in care are attending the same on-post function.
 - (2) *Child care programs for civilian employees.* Technical assistance and program oversight of child care programs established for the purpose of providing child care to children of Department of Army (DA) civilian employees when such children cannot be accommodated within CDS operated facilities.
 - (3) *Supplemental Programs and Services homes.* Private homes located off-post and operated by family members or off post civilians which provide child care services for Army patrons under an agreement between the Army and the appropriate state/county or host nation agency.
 - (4) *Volunteer child care in unit settings.* Low-cost alternative programs that enable free child care services to be provided by family members in one military unit or organization for family members in another military unit or organization (or within the same military unit or organization) in exchange for similar services at a future, mutually agreed upon time.
 - (5) *Child Development Services baby-sitter training and referral service.* Training and referral services for adult and teen family member baby-sitters living on and off the installation. When this service is offered it will be offered by the CDS SPS system. The function will no longer be assumed by ACS.
 - (6) *Parent co-ops.* Low-cost alternative programs established to provide care for children whose parents are available to participate in the operation and management of this care option in return for free or reduced rate child care.

(7) *Private organization child care.* Private organizations may operate child development programs on installations when services comply with all center-based requirements except those applicable only to Government employees.

(8) *Contracted programs and services.* Third party contractors may operate child development programs on installations when services comply with all AR 608-10 requirements except those applicable only to Government employees.

(9) *Special interest programs.* Programs that include CDS oversight of child care services provided by Army activities, other than CDS, to meet unique patron care requirements related to these activities and not available through CDS operated programs such as, chaplain sponsored preschool, EFMP child care program.

(10) *Alternative sick child care programs.* Programs which cover child care for sick children offered within a MTF or in a separate facility outside the CDC. Technical assistance and support to CDC and FCC systems offering sick care options.

(11) *Foster Grandparent Program services.* Programs which cover placement and training of foster grandparents within CDS delivery systems when CDS participates in this national program sponsored under the auspices of ACS.

(12) *Other.* Other alternatives recommended by the CDS coordinator and approved by the senior commander may be implemented on a pilot basis when approved by the IMCOM and DCS, G-1 (DAPE-PDY).

f. Optional SPS may be authorized under any of the following conditions:

(1) Existing CDS delivery systems are unable to absorb increased requirements for services.

(2) Existing CDS delivery systems are unable to meet requirements for unique services necessary to meet the needs of installation servicemembers and their children.

g. Optional SPS will be implemented only upon the recommendation of the CDS coordinator and with the approval of the senior commander. Approval for implementation will be based on—

(1) Documented need for programs and services.

(2) Sufficient CDS oversight to assure that programs and services will meet the guidelines of this regulation and can be monitored by CDS management personnel.

(3) The availability of funding and resources to support optional SPS to ensure program quality assurance, and maintain affordable charges for services.

(4) Completion of an installation SOP stating the operational requirements of the option.

h. The following SPS care options are authorized at remote sites and small installations where comprehensive CDS are not feasible for instance, eligible child population is insufficient to support a CDC operation and/or the number of Government housing units or pool of potential FCC providers insufficient to establish a FCC system. CDS oversight is required to ensure the following care options meet the guidelines of this regulation.

(1) CDS R&R services.

(2) CDS baby-sitter training and referral service.

(3) SPS homes.

(4) VCCUS.

(5) Parent co-ops.

i. SPS may be provided as follows:

(1) Programs that receive technical assistance and oversight from the SPS director, the CDS coordinator and all regulatory proponents for CDS systems for instance, Parent Co-ops, VCCUS, contracted operations, child care services for civilian employees, special interest programs, private organization child care.

(2) Programs and services managed by CDS for instance, R&R, BTRS, central registry, STACC, parent education, Foster Grandparent Program, Volunteer Services in CDS programs, SPS homes, SAS, alternative sick child care program.

j. All SPS programs and services must comply with the provisions of this regulation except as specified.

Section II

Program Management Compliance Requirements

7-3. Management oversight

The SPS delivery system will be staffed by professionally qualified personnel who meet the requirements for the SPS director and SAS coordinator standard positions descriptions to be included in DA Pam 690-41 (obsolete). DA Pam 570-51 (obsolete) will be used to staff the SPS system.

a. The SPS director will manage and direct all aspects of the SPS delivery system, including those personnel, programs, space, and financial resources allocated to specific programs and services.

b. On small installations where an SPS director position is not authorized, the CDS coordinator should dual function in this position rather than dual function as the center director or FCC director. The FCC director may dual function as the SPS director when the total number of installation FCC homes is 15 or less.

7-4. Parent involvement

a. Parents will be kept informed of matters relating to the management of the SPS system especially as it impacts on the provision of SPS programs which involve extensive family member participation.

b. Paragraphs 4-17b and 5-4 apply to parent co-ops contracted programs, special interest programs, SAS programs and contracted child care.

c. Paragraphs 4-17b and 6-4 apply to SPS homes.

7-5. Business operations

a. Fiscal operations and productivity in SPS operations will be regularly monitored by the SPS director and reported in writing a minimum of monthly to the CDS coordinator.

b. SPS personnel will calculate utilization rates and cost per hour for SAS program, when CDS is the proponent, and for STACC services.

7-6. Supplemental programs and services resource/lending library

a. The SPS director will establish an SPS resource/toy lending library to support SPS programs. Content should be selected based on installation need and reviewed for safety.

b. FCC resource/toy lending library and the ACS lending closet inventories and organizational structures will be taken into account to prevent unnecessary duplication of items or service.

7-7. United States Department of Agriculture Child and Adult Care Food Program

The following SPS programs where eligible will be included in the USDA CACFP in accordance with paragraph 4-5.

7-8. Supplemental programs and services personnel criteria

See table 7-1 for guidance on personnel criteria.

7-9. Training

See table 7-1 for guidance on training.

7-10. Child abuse prevention and response

See table 7-1 for guidance on prevention and response.

Section III

Program Operations Compliance Requirements

7-11. Operating hours

a. SPS operational hours will be determined based on—

- (1) Soldier mission requirements.
- (2) Family member needs.
- (3) Availability of center and quarters-based care.

b. See paragraph 5-11 for guidance applicable to center-based SPS programs offering full-day care.

- c. See paragraph 6–22 for guidance applicable to SPS homes.
- d. Operating hours for intermittent SPS programs such as, STACC, and VCCUS will be determined based on installation needs.
- e. Operating hours for SPS services may require some evening or weekend hours to ensure services are available to patrons.
- f. Work schedules for SPS management personnel will be flexible, if necessary, to ensure availability during the full range of hours SPS programs are in operation.

7–12. Standing operating procedures

SOPs will be written to ensure cost effective and developmentally appropriate programs and services within the SPS system. SOPs will be available to patrons, SPS personnel, family members and command representatives. SOPs will be written for each SPS program and service and will include provisions as determined applicable by the SPS director.

- a. Resource management to include facility space, equipment, personnel, and training for SPS programs.
- b. Program guidance to include interpretation of policies, regulations, and procedures required for the efficient operation and management of each program or service.
- c. Compliance with applicable standards to include criteria for facilities, safety, fire, nutrition, health, and developmental programming.
- d. Prevention, response to, identification and reporting of child abuse allegations within SPS settings according to paragraphs 2–22 and 2–23.
- e. Program operations to include—
 - (1) SPS resource/toy lending library.
 - (2) Applicable items in paragraphs 5–12f and 6–24 as specified.
- f. Administrative procedures to include—
 - (1) Centralized CDS waiting list.
 - (2) Centralized CDS parent education plan.
 - (3) Applicable items in paragraphs 5–12g and 6–24g.
- g. Contingency plans according to paragraph 5–12h for all center–based programs and according to paragraph 6–13 for SPS homes and home–based parent co–ops.
- h. Reporting outbreaks of diseases according to paragraph 2–20b for all SPS programs.

7–13. Age composition, ratios, and group sizes

- a. All SPS programs occurring within centralized facilities will be staffed and grouped according to the minimum mandatory ratios and group sizes in paragraph 5–13 and table 5–1 or 5–2.
- b. All SPS programs occurring in home settings (SPS homes, home–based parent co–ops) will be staffed and grouped according to the minimum mandatory ratios and group sizes in paragraph 6–26 and table 6–1.

Section IV

Compliance References

7–14. Program management references

The SPS director will determine applicable portions of the following in accordance with installation requirements for inclusion in SOPs for each installation selected program and service.

- a. See chapter 4 section II for general information.
- b. See chapter 5 section II for center–based services.
- c. See chapter 6 section II for quarters–based services.

7–15. Program operations references

The SPS director will determine applicable portions of the following according to installation requirements for inclusion in SOPs for each installation selected program and service.

- a. See chapter 4 section III for general information.
- b. See chapter 5 section IV for center–based information.
- c. See chapter 6 section IV for quarters–based information.

7-16. Developmental programming references

The SPS director will determine applicable portions of the following according to installation requirements for inclusion in SOPs for each installation selected program and service.

- a. See chapter 4 section IV for general information.
- b. See chapter 5 section V for center-based information.
- c. See chapter 6 section V for quarters-based information.

Section V

Common support supplemental programs and services compliance requirements

7-17. General

The following SPS support CDC and FCC systems as specified in paragraph 7-2c this regulation. These will ensure eligible patrons receive comparable, consistent services at all CDS locations Armywide.

7-18. Parent education services

a. The SPS delivery system will provide a central point for coordination of parent education training, resources, and special events for all CDS delivery systems. SPS will coordinate this service when both CDC and FCC systems are on the installation.

(1) Parent education programs will be offered for parents enrolled in the CDC, FCC, and SPS systems.

(2) CDC and FCC system directors will be responsible for the selection and implementation of parent education training in CDC and FCC systems.

b. The SPS director will support all CDS delivery systems by—

(1) Developing an SOP for parent education services which includes—

(a) Services offered.

(b) Coordination requirements with CDC and FCC delivery systems.

(c) SPS responsibilities.

(d) Recordkeeping and reporting requirements.

(2) Working with CDS system/program directors to develop and execute an annual parent education training plan for all CDS delivery systems.

(3) Serving as the central POC for all parent education services offered within CDS systems.

(4) Coordinating with other agencies to ensure there is no duplication of parent education services.

(5) Arranging for speakers, special programs, and classes that are of interest to all CDS parents.

(6) Coordinating, preparing, and distributing newsletters for all CDS systems.

(7) Serving as the CDS POC for designated special events such as, Month of the Military Child.

c. Parent education training sites will be locally determined by CDS system directors.

d. Parent education services will be offered at a time and in a manner which is convenient for users.

e. The SPS director will maintain the following records:

(1) Annual parent education training plan.

(2) Title, and date of sessions offered.

(3) Number of participants per sessions.

(4) Annotated summary of each training session.

(5) Listing of resources available for parents.

f. Parent education services will be evaluated as part of the ICCET and with a patron satisfaction survey.

7-19. Volunteer services in Child Development Services programs

a. The SPS delivery system will provide a central point for recruiting, managing, training, and referral of volunteers in all CDS systems. The SPS director will—

(1) Develop an SOP for services of volunteers in CDS programs which includes—

(a) Program management and operation.

(b) Personnel criteria.

(c) Training.

(d) Child abuse identification, prevention, and response procedures.

(e) Recordkeeping.

(2) Serve as the CDS POC with the installation volunteer coordinator (IVC).

- (3) Ensure CDS volunteers are processed through the IVC.
- (4) Attend IVC Advisory group meetings as required.
- (5) Ensure all regularly scheduled CDS volunteers complete a program application which requires at least two personal references and includes the following:
 - (a) A waiver authorizing background checks.
 - (b) Information about arrest or conviction records.
 - (c) Information about interests and child rearing practices including discipline.
 - (d) Experience directly or indirectly related to child care.
 - (6) Interview potential CDS volunteers to determine interest and qualifications.
 - (7) Coordinate placement of regularly scheduled CDS volunteers based on volunteers' desires and available positions.
 - (8) Provide CDS volunteers with a written description of duties and a handbook outlining CDS policies and procedures.
 - (9) Ensure volunteers sign the Gratuitous Service Agreement according to AR 215-1.
 - (10) Coordinate with all CDS system directors to determine specific program needs for these services and the personnel and training requirements for CDS volunteers in CDS programs.
 - (11) Determine needs for CDS volunteer services to support the SPS system.
 - (12) Maintain records on all CDS volunteers to include—
 - (a) Signed copy of Gratuitous Service Agreement.
 - (b) Verification of compliance with CDS volunteers requirements (for instance, health certification, training, background checks).
 - (c) Number of CDS volunteers and hours of gratuitous service per CDS program.
 - (d) Information on the CDS volunteers' interests and abilities.
 - (13) Schedule and/or provide CDS volunteer training as specified in local CDS volunteer SOP. Training will as a minimum, include a 2-hour orientation class, to include discipline procedures, identification and reporting of child abuse, and overall program policies.
 - (14) Provide documentation of service to the CDS volunteers upon termination of those services. Documentation will include total service hours, copy of CDS volunteer's position description(s), and recommendations from appropriate CDS management and staff personnel.
 - b. See paragraph 3-15 for the role of the CDS volunteer in the CDS delivery systems.
 - c. CDS volunteer services in CDS programs will be evaluated in the ICCET.

7-20. Child Development Services resource and referral services

Centralized CDS R&R services will be established to help patrons locate child care services. Information will be available to parents to meet their needs for service compatible with age of children, duty hours, extended hours emergency care, care during TDY and field exercises and on or off-post care options. Centralized CDS R&R services will be established to help patrons locate child care services. Information will be available to parents to meet their needs for service compatible with age of children, duty hours, extended hours emergency care, care during TDY and field exercises and on or off-post care options. Referrals will also be made to on post agencies to assist patrons locate appropriate education opportunities and family support, health and recreation programs.

a. Local child care referral services. The SPS director will provide program-specific information about on and off-post child care services for potential and active patrons through CDS R&R services.

(1) Information and assistance provided to patrons will be detailed to meet each patron's unique child care needs.

(2) The SPS director will maintain information about programs and services in the installation CDS delivery systems and available off-post child care programs. The SPS director will coordinate closely with the ACS Relocation Program to preclude duplication of service and provide up to date CDS information for ACS welcome packets.

(a) Information will include, but not be limited to, type of programming, hours of operation, fees, parent responsibilities to the program, ratios, group sizes, staff qualifications, and compliance with Army CDS or applicable State standards.

(b) Armywide child care referral service. The SPS director will assist eligible patrons transfer to new assignments without undue loss of duty time caused by locating and enrolling their children in available child care programs.

(c) Recommendations for services will not be made.

- (d) Parents will be provided with guidelines for selecting quality child care.
- (3) Prior to being provided any information, parents will complete and sign the Statement of Understanding Regarding Child care R&R Services (fig 7–1).
- (4) Parents will be informed about available child care services and assisted in determining the program type most likely to meet the needs of the parent and child.
- (5) Assistance will be provided to ensure the parent and child have the opportunity to visit and observe selected child care programs.
- (6) Assistance will be provided in initiating enrollment procedures for on–post child care programs.
- (7) Records will be kept of all assistance provided.
- (8) Follow–up inquiries will be made to patrons 30 days after service to monitor the quality of assistance, and user satisfaction with referral.
- b. Armywide child care referral service.* The SPS director will assist eligible patrons transfer to new assignments without undue loss of duty time caused by locating and enrolling their children in available child care programs.
- (1) CDS patrons may submit a request to the CDS R&R service at the losing installation for specific information about on and off-post child care availability at their next duty assignment. Prior to being provided any information, parents will complete and sign the Statement of Understanding Regarding Child Care R&R Services (fig 7–1).
- (2) SPS personnel will contact the gaining installation for information about on and off–post child care programs and the status of waiting lists.
- (3) Information will be provided to assist the Soldier and DoD Civilian, in finding care in a CDS system or off–post program prior to departure from the losing installation.
- (4) Gaining installations will provide accurate information on all on and off–post child care programs including anticipated waiting list time. Every effort will be made to assist incoming personnel make satisfactory temporary or permanent child care arrangements prior to arrival on the installation.
- (5) Follow–up inquiries will be made to patrons to monitor the quality of assistance and user satisfaction with the assistance.
- c. Referrals for other services.* The SPS director will use existing CDS R&R services to assist eligible patrons locate appropriate education opportunities and family support, health care, and recreational programs offered by other installation agencies (such as, ACS, Chaplains).
- d. Location.* The R&R service should be co–located with the central enrollment registry to facilitate joint use of automation equipment.
- e. Standard operating procedures.* The SPS director will develop an SOP for the R&R service which includes—
- (1) Services available.
- (2) Coordination efforts required with other agencies.
- (3) SPS responsibilities.
- (4) Recordkeeping and reporting requirements.
- (5) Exclusion criteria.
- f. Records.* The SPS director will maintain the following records:
- (1) Number of requests for assistance.
- (2) Number of referrals by total referrals, sponsors by rank, and children by age.
- (3) Number of center–based and quarters–based on and off–post child care spaces available.
- (4) Record of follow–up inquiries.
- g. Surveys.* CDS R&R services will be evaluated as part of ICCET and through a patron satisfaction survey.

7–21. Child Development Services central enrollment registry

See paragraph 4–5 for guidance on the central enrollment registry.

Section VI

School-age Services Program compliance requirements

7-22. General

CDS and YS will offer supervised care and recreation options for school-age children of dual-working couples or single parents who need supervision during parental work hours and options before and after school, during school holidays, vacations, teacher inservice days, and school closures due to inclement weather. Options will be based on installation needs assessments which support this requirement.

7-23. School-age Services models

Installation may implement a variety of SAS models to include, but not limited to:

a. Before and after school model. A program to serve children in first through sixth grade which provides supervision and developmental recreational activities. Before and after school models may be located in YS centers, elementary schools, or in other on-post facilities which meet SAS facility standards.

b. Day camp model. A full-day program with extended hours to serve children who have completed kindergarten and older school-age children. Provides developmental recreational skill-building activities during summer and holiday vacation periods.

c. Check-in model. Year round program. Located convenient to schools or housing areas where children will check-in prior to attending parental approved activities. Involves, daily face-to-face supervision in varying degrees. Parents must designate in writing how much freedom and responsibility their children can handle.

d. Young teen model. A program designed for youth in seventh through ninth grades which includes supervision, a defined start and end time and operates year round on a 5-day a week schedule. Recreation, leadership and life skills components complement the daily activities.

7-24. Operational guidance

a. The senior commander will determine overall responsibility for the operation of the SAS program by designating CDS or YS as the installation program proponent.

b. The operational guidance in the program and activity manuals for SAS models will be followed.

c. Regardless of proponentcy—

(1) CDS and YS will implement SAS models cooperatively and collaboratively to avoid duplication of effort and to ensure maximum program integration at all levels.

(2) The commander will approve the implementation of SAS models as recommended by the SPS director and YS manager to meet the assessed needs of the community.

(3) Comparable fees will be charged in all SAS models whether operated by CDS or YS.

(4) Child/staff ratios will not exceed 15 children to one adult. Group size will not exceed 30 children. Group sizes may be increased for special events such as, field trips, theatrical performances, but child/staff ratios will be maintained.

d. All SAS program sites must have a dedicated class A telephone line with the capability of receiving incoming calls and making outgoing calls.

e. School-Age coordinator's will not dual function as a program director or manager for other CDS or YS programs which have overlapping time period of primary program operations.

f. Training for School-Age coordinator will be the responsibility of the coordinators' supervisor. Training for school-age personnel working directly with children will be the responsibility of the School-Age coordinator.

g. When CDS is the School-Age proponent, responsibilities will include:

(1) Recommending initiation and consolidation of SAS models through the CDS coordinator to the senior commander.

(2) Ensuring coordination with YS on program operations.

(3) Monitoring all SAS resources to ensure each SAS program model is adequately funded.

(4) Preparing and forwarding all required IMCOM and HQDA reports for the SAS program.

(5) Ensuring coordination between the SAS programs and all other community programs appropriate for school-age children.

(6) Monitoring and supporting all SAS program operations.

(7) Ensuring compliance with all HQDA and IMCOM directives on the SAS program.

- (8) Including information about the SAS program in the CDS R&R service.
- h.* When CDS is not the SAS proponent, the CDS staff will support the SAS operations. Responsibilities will include—
- (1) Ensuring program coordination with YS for all SAS operations.
 - (2) Monitoring and supporting all CDS specific SAS program operations to ensure compliance with ACOM and HQDA directives on SAS programs.
 - (3) Supporting and or providing training for SAS program specialists as required.
 - (4) Ensuring all CDS SAS specific records required for completion of IMCOM and HQDA reports are forwarded to the YS director or designee.
 - (5) Including information about the SAS program in the CDS R&R service.

Section VII

Optional supplemental programs and services programs compliance requirements

7–25. General

a. Optional SPS will be implemented in compliance with paragraphs 7–2e, paragraph 7–2f, and paragraph 7–2g, and may include, but are not limited to, SPS programs and services when implemented to include—

- (1) STACC.
- (2) Child care services for civilian employees.
- (3) SPS homes.
- (4) VCCUS.
- (5) CDS baby-sitter training and referral.
- (6) Parent co–ops.
- (7) Foster Grandparent Program.
- (8) Private organization child care.
- (9) Contracted services.
- (10) Special interest programs.
- (11) Alternative sick child care.

b. Sole/dual military parents needs will be taken into consideration when determining which optional SPS are implemented such as, installation applicability of parent co–ops for sole/dual military parents to assist with weekend care and care after duty hours; SPS homes in off–post locations near residences.

7–26. Short-term alternative child care

STACC is designed to provide on–site hourly group care when the parent(s) or guardian(s) of all children in care are attending the same on–post function and sufficient spaces are not available within the CDC.

a. STACC must be provided in the same facility or in a building immediately adjacent to the facility where parents are in attendance at the same function.

b. The SPS director will provide caregiving employees to meet the age group ratio and group size requirements for care in center–based settings.

(1) CDC caregiving employees will be designated to provide STACC care as required. Such staff will not include primary caregivers or staff needed to meet or maintain staff/child ratios in CDC settings.

(2) Center staff who provide care must be able to function independently, have completed the basic 38 hours of center training requirements, and meet all background clearance and health requirements.

c. Equipment and materials will be provided by CDS. Equipment and materials may be provided from center–based programs or checked out from SPS or FCC resource/toy lending libraries. The SPS director will ensure that equipment and materials are delivered to the STACC site.

d. Activity plans, appropriate for the ages and number of children served, will be written for each STACC session to ensure developmentally appropriate activities are provided.

e. Registration requirements for children attending STACC will be limited to a current immunization record. A STACC identification card should be developed for use at subsequent STACC sessions. This card will include, at a minimum, the name of child and sponsor, sponsor rank/grade, age of child, verification of immunization and expiration date.

f. Children will be observed for obvious signs of illness upon arrival. Children may be denied service according to AR 608–10.

g. Parents must remain in or immediately adjacent to the building during the entire STACC session. The Army is not assuming custody of the child during STACC sessions since the parent is remaining immediately accessible to the child and retains primary responsibility for the child.

h. Since parents are on the premises, CDC facility standards do not apply to STACC sites. The SPS director, site building manager, and proponents for fire, safety, and health will evaluate the site to ensure basic safety and health needs are met in accordance local STACC SOP.

i. Snacks/meals will be provided appropriate for the time and length of the session and which meet USDA CACFP requirements. Infant formula and baby food will be provided by parents.

j. The SPS director will be responsible for all administrative functions associated with STACC to include—

- (1) Developing an SOP for STACC which includes; at a minimum the following:
 - (a) A description of services offered.
 - (b) Coordination requirements with CDC and FCC systems.
 - (c) SPS responsibilities.
 - (d) Program operations.
 - (e) Facility criteria.
 - (f) Personnel criteria.
 - (g) Training.
 - (h) Child abuse and preventive response procedures.
 - (i) Financial management.
 - (j) Recordkeeping and reporting requirements.
 - (2) Coordinating with program directors to schedule staff and/or equipment for STACC sessions.
 - (3) Coordinating dates and times with the sponsoring organization.
 - (4) Preparing an agreement for signature by the CDS coordinator and sponsoring agency which specifies time, date, location, number and ages of children to be served, number of caregivers, cost and descriptions of services.
 - (5) Collecting fees. (Fees should include cost of caregivers, food, room rental, if applicable, and any other operating expenses incurred as a result of the STACC session.)
 - (6) Monitoring the operation of STACC programs.
 - (7) Evaluating proposed STACC sites for safety and adequacy.
 - (8) Securing the approval of the STACC site building manager for use.
 - (9) Maintaining records of STACC use to include number of organizations served, locations of sites, number of STACC services provided, number and ages of children served, ranks of sponsors served, number and names of caregiving employees provided, fees collected, and an annotated summary of all STACC sessions offered.
- k.* STACC sessions will be evaluated in the ICET process and with patron satisfaction surveys.

7–27. Volunteer child care in unit settings

VCCUS allows free child care services to be provided by family members in one military unit or organization for family members in another military unit or organization, in exchange for similar services at a future, mutually agreed upon time.

a. The child care services must be provided in the same facility or immediately adjacent to the building in which the unit or organization function is being held and parents must be in attendance on-site at the same function.

b. CDS facility standards do not apply to VCCUS sites. The SPS director, site facility manager, and proponents for fire, health, and safety will evaluate the site to ensure basic health and safety needs are met according to local SOPs.

c. Parents must remain on or immediately adjacent to the building premises and be immediately accessible to their own children throughout the duration of the VCCUS session.

d. All members of units or their spouses designated to provide care will attend an SPS orientation class prior to providing services. The class will be a minimum of 4 hours and will include developmental activities, positive discipline techniques, and basic health and safety practices. Course attendance is required one time only.

e. Adult/child ratios and group sizes will be maintained according to the age group ratios for center-based services. Additional adults are strongly recommended.

f. Children should not be accepted with obvious signs of illness. Immunizations should be current.

- g.* The SPS director will assist VCCUS operations by—
 - (1) Working with the units to develop an SOP for VCCUS sessions which includes at a minimum—
 - (a) A description of services offered.
 - (b) Unit responsibilities.
 - (c) SPS responsibilities.
 - (d) Facility criteria.
 - (e) Volunteer caregiver requirements.
 - (f) Training.
 - (g) Child health and admission requirements.
 - (h) Snack/meal requirements.
 - (i) Recordkeeping and reporting requirements.
 - (2) Providing required training prior to provision of care.
 - (3) Providing a CDS volunteer who has met the first aid training requirements.
 - (4) Ensuring unit commanders are informed about VCCUS and its requirements.
 - (5) Providing technical assistance to enable units to provide quality care to the children.
 - (6) Periodic on-site monitoring while VCCUS sessions are in progress to ensure ratios are maintained and appropriate activities are offered.
 - (7) Providing age appropriate toys and equipment on a check-out basis from the SPS or FCC resource/toy lending library.
 - (8) Maintaining records on VCCUS usage. Records will include number of volunteers trained, number and ages of children served, numbers and ranks of sponsors served, number of VCCUS sessions held, and annotated summary of sessions offered.
- h.* VCCUS sessions will be evaluated in the ICET process and with patron satisfaction surveys.

7-28. Parent co-ops

Parent co-ops may be established to provide care for children whose parents are available to participate in the operation and management of this care option.

- a.* Parent co-ops may be organized with the approval of the commander to provide baby-sitting services, infant and toddler playgroup services, SAS and part-day preschool services. Parent co-ops may be designed to meet a specific installation need such as, sole parent baby-sitting co-op.
- b.* Parent co-ops may be operated in housing units, designated Government buildings or within the CDC setting. Center or FCC ratios will be maintained based on the site location.
- c.* All CDC standards apply when parent co-ops are operated in a center-based setting and all parents of children in attendance are not present on-site or immediately accessible to their own children throughout the duration of the parent co-op session.
- d.* CDS standards do not apply when parent co-ops are operated as play groups and a parent of each child is in attendance throughout the duration of the parent co-op session.
- e.* FCC standards will apply when parent co-op members provide care in individual housing units for more than 10 child hours per week on a regular basis.
- f.* FCC standards do not apply when co-ops are offered within individual housing units as a baby-sitting service and co-op members do not offer care on a regular basis or care does not exceed 10 child hours per week. The 10 child hour restriction does not apply when multiple children of the same family are in care.

- g.* The SPS director will assist parents in establishing parent co-ops by—
 - (1) Providing technical assistance in developing local SOPs for each type of center-based and quarters-based co-op which specify requirements regarding, but not limited to safety, fire prevention, discipline, health, pets and plants, training, child abuse prevention and response procedures, program operations, and supervision. SOPs will also include, at a minimum, the following:
 - (a) Applicable facility criteria.
 - (b) Criteria for caregiving adults.
 - (c) Recordkeeping and reporting requirements.
 - (d) Procedures for co-op membership.
 - (e) Procedures for monitoring and reporting hours of care used and provided.
 - (f) Procedures for cancellation of co-op membership.
 - (2) Training requirements for co-op members will be determined by the SPS director and approved by the CDS coordinator. The extent of the training required will reflect the co-op environment (center-based,

quarters-based), average length of time children are in care, ages of children served, co-op purpose (such as, baby-sitting, preschool, before and after school program) and other installation specific variables.

(a) In center-based settings where co-op programs duplicate or replace CDC services (preschool, hourly care), training requirements must be consistent with CDC training requirements for similar programs.

(b) In quarters-based settings where care exceeds 10 child hours per week on a regular basis co-op members must meet FCC training requirements.

(c) In quarters-based settings where 10 or less child hours of care are provided per week on a regular basis minimal training (for instance, child abuse identification and child guidance) should be required to encourage parent participation.

(d) Co-op members will regularly be invited to participate in applicable CDC, FCC and SPS training offered on the installation.

(3) Maintaining oversight and technical assistance responsibilities to the co-ops.

(4) Including co-op information in the CDS R&R service.

(5) Collecting and reporting co-op information to include number and types of co-ops, number of co-ops members, number and ages of children and number/rank of sponsors served.

h. Parent co-ops will be evaluated in the ICCET process and with patron satisfaction surveys.

7-29. Special interest programs

Child care may be provided by Army or DoD activities other than CDS to meet unique patron care requirements related to these activities and not available through CDS operated programs.

a. Programs offered on a regularly scheduled basis, such as, those which meet at the same time one or more times per week, such as chaplain sponsored preschools or special needs programs operated under the EFMP will meet all CDS standards applicable to the center-based program for the age group served. Facility standards are waived if program is structured so that a parent or guardian is on-site immediately accessible during the duration of the child care program.

b. ACS volunteer child care offered on an intermittent basis will meet the guidelines for VCCUS (para 7-22).

c. The SPS director will assist these special interest programs operated by Army and tenant activities by—

(1) Providing technical assistance in developing SOPs which comply with regulatory requirements and include, but are not limited to—

(a) Program management.

(b) Program operations.

(c) Personnel criteria.

(d) Training.

(e) Child abuse prevention and response procedures.

(f) Recordkeeping and reporting requirements.

(2) Providing training for members of the Army and tenant activities to ensure quality programming and care of the children enrolled is maintained.

(3) Assisting in meeting staff background clearance requirements according to paragraph 2-24.

(4) Maintaining oversight and technical assistance responsibilities to the activities.

(5) Including Army and tenant activity child care information in the CDS R&R service.

(6) Maintaining records on number of special interest programs, number and ages of children served, number/rank of sponsors served, and annotated summary of special interest programs.

d. Special interest programs will be evaluated in the ICCET process and with parent satisfaction surveys.

7-30. Child Development Services baby-sitting training and referral service

Any installation baby-sitting list will be maintained by the SPS system. The SPS delivery system will provide a central point for the implementation of a baby-sitter training and referral service for adult and teen family member baby-sitters living both on and off the installation. This service will include—

a. Registration for family member baby-sitters, 13 years of age and over, who have completed a CDS approved training course.

b. Provision of a regularly scheduled training course.

(1) The training course will include, at a minimum, basic first aid, CPR, child abuse and neglect, identification and reporting, emergency procedures, developmental programming, and general business practices (for instance, fee setting, responsibilities to the child and parent, responsibilities of the parent to the sitter, clarification of baby-sitter and parent expectations).

(2) Training will be a minimum of 10 credit hours as determined by the SPS director. The Red Cross Baby-sitting Course may be used, with installation specific supplements, to train teens. A similar course is under development for use with adult family members.

c. Listing of registered baby-sitters through the CDS R&R service.

(1) Babysitters will complete training as a precondition for placement on the CDS baby-sitter referral list.

(2) All family members included on the CDS baby-sitter list will complete the agreement for inclusion on the CDS baby-sitter referral list (see fig 7-2).

(a) Family members under 18 must have parental permission to be included on the CDS baby-sitter referral list as evidenced by signature of parent(s)/or guardian(s) signature on the agreement statement shown in figure 7-3.

(b) Information included on the agreements in figures 7-2 and 7-3 will be provided to parents seeking baby-sitter assistance.

(c) Completed agreements will be kept on file at the SPS office for three years.

(3) Parents seeking baby-sitters will complete and sign a statement of understanding (fig 7-1) prior to receiving any information. Completed statements of understanding will be retained in the SPS files for three years.

(4) Parents will be informed that—

(a) CDS baby-sitters are not subject to background clearances and that placement on the baby-sitter referral list indicates only completion of approved training; and in the case of minors, parental permission for placement on the referral list.

(b) Placement on the SPS baby-sitter referral list will not be evidence of the baby-sitter's competence or suitability for baby-sitting.

(c) Placement on the CDS baby-sitter referral list does not represent endorsement of the baby-sitter by the United States Army or Army installation.

(d) Selecting and hiring a baby-sitter is a parental responsibility.

(5) SPS director will verify names and information on the CDS baby-sitter availability list quarterly.

(6) Removal of baby-sitters from the CDS baby-sitter list will occur upon departure from the command or for documented cause as determined by the SPS director and stated in the local baby-sitter training and referral SOP.

d. The SPS director will develop an installation baby-sitter training and referral SOP which will include, at a minimum—

(1) Program management procedures.

(2) SPS responsibilities.

(3) Training requirements.

(4) Exclusion criteria.

(5) Reporting and recordkeeping requirements.

e. The SPS director will maintain the following records for the baby-sitter training and referral service: number of teens and adults trained, number of teens and adults registered, number of referrals, documentation of quarterly update of referral list, copies of signed statement of understanding and copies of signed agreement for inclusion on the CDS baby-sitter referral list and parental permission, if applicable.

f. The CDS baby-sitter training and referral service will be evaluated in the ICCET process and with user satisfaction surveys.

7-31. Supplemental programs and services homes

SPS homes located and operated by family members or civilians off-post may be established to meet the child care needs of eligible CDS patrons. SPS homes may be established with the approval of the senior commander and, when required, the approval of the county/State/host nation agency responsible for monitoring FCC homes.

a. The SPS director's responsibilities for this option include—

(1) Developing agreements with applicable county/State/host nation agencies to permit Army family members or interested civilians to operate off-post SPS homes in the civilian community under the joint

oversight of the SPS director and the appropriate county/State/host nation agency. These agreements will—

- (a) Be signed by the senior commander and the appropriate county/State/host nation officials.
- (b) Specify SPS responsibility for training SPS providers in accordance with Army FCC providers' training program and oversight responsibilities for provision of appropriate developmental programming.
- (c) Specify county/State/host nation responsibility for oversight of safety, health, and fire standards and any other operational requirements.
- (d) Specify that SPS homes will be licensed/certified by the appropriate civilian regulatory agency. Army certification will not be given.

(2) Monitoring all registered off-post SPS homes to ensure compliance with provider requirements for training, provider certification and developmental care in county/State/host nation or this regulation, whichever is more stringent. Notifying appropriate county/State/host national agency of violations of their requirements when such violations are obvious.

(3) Referring eligible CDS patrons to off-post SPS homes based on space available and proximity to the patron's home.

(4) Recruiting DoD civilian spouses, military family members, and local residents to provide care in the off-post SPS home program.

b. Family members operating SPS homes will meet the same background, training, and developmental programming requirements as family members operating FCC homes.

c. Family members operating SPS homes will meet the county/State/host nation fire, safety, and other licensing requirements.

d. The SPS director will coordinate closely with the FCC director to maximize program resources including training opportunities.

e. SPS home providers will not be included in the claims program.

f. The SPS director will develop an installation SPS home SOP in coordination with county/State/host nation authorities based on chapters 4 and 6 including, but not limited to—

- (1) SPS responsibilities.
- (2) County/State/host nation responsibilities.
- (3) Services offered.
- (4) Program management procedures.
- (5) Provider requirements.
- (6) Training requirements.
- (7) Child abuse prevention and response procedures.
- (8) Reporting and recordkeeping requirements.

g. The SPS home program will be evaluated in the ICCET process and with patron satisfaction surveys.

7-32. Foster Grandparent Program

The Foster Grandparent Program, a national organization locally sponsored by ACS, offers opportunities for low income persons age 60 and over to provide part-time volunteer supportive services to children with physical, mental, emotional or social disabilities on selected installations in the United States and Puerto Rico.

a. Use of foster grandparents is encouraged in all CDS delivery systems.

b. The SPS director will serve as the CDS POC with ACS serving as the installation Foster Grandparent Program proponent.

c. The SPS director will—

(1) Coordinate with the ACS director or designated representative for the placement of foster grandparents in CDS programs.

(2) Ensure CDS operates the Foster Grandparent Program in accordance with ACS guidance.

(3) Develop a CDS Foster Grandparent Program SOP which includes, but is not limited to—

- (a) Services offered.
- (b) SPS responsibilities.
- (c) Program management procedures.
- (d) Coordination responsibilities.
- (e) Training requirement.
- (f) Child abuse prevention and response procedures.

(g) Reporting and recordkeeping requirements in accordance with ACS guidance.

- d. Regularly scheduled foster grandparents will meet health and background requirements as specified in paragraphs 2–24 and 3–15.
- e. Training requirements will be specified in the installation CDS foster grandparent SOP.
- f. SPS director will maintain records of number of participants, placement locations, and hours of service for each program participant.
- g. The Foster Grandparent Program will be evaluated in the ICCET process and with patron satisfaction surveys.
- h. Limitations concerning funding of the Foster Grandparent Program are contained in AR 215–1.

7–33. General Services Administration space

Army installations and activities, except for those in the National Capital Region, are authorized to apply to the GSA for building space to provide child care for DoD personnel when such activities are housed in GSA facilities. A copy of the installation or Army activity application will be provided to the Assistant Secretary of Defense (ASD (P&R)) through the IMCOM and DCS, G–1 (DAPE–PDY). Army installations or activities operating child development programs in GSA–controlled space will comply with GSA standards for funding and operation of child care programs. All child care programs provided in GSA facilities, where DA is the sole sponsoring agency and the space has been delegated to DA, will comply with the standards and operational requirements for operation of DoD and Army CDCs. The installation SPS director or activity CDS POC will—

- a. Maintain oversight to assure compliance with this regulation when DA is the sole sponsoring agency and the space has been delegated to DA.
- b. Maintain information about the CDC in the CDS R&R service and refer eligible patrons.
- c. Evaluate civilian child care programs in the ICCET process with patron satisfaction surveys.

7–34. Contract operations

- a. Installations may contract out all or a portion of CDS systems if the contractor—
 - (1) Meets all provisions applicable to the type of care contracted for as contained in this regulation, with the exception of personnel requirements applicable only to Government employees.
 - (2) Agrees to regular monitoring of the contract by the installation SPS director and CDS coordinator.
- b. All contracted Army child development facilities (such as, 10 USC 2809) constructed after 19 January 1993, on property owned or controlled by the Army will comply with all DoD and Army CDS operational and safety standards except the caregiver personnel pay program (CPPP). However, the goals of the CPPP to reduce turnover and ensure a fair wage for caregiving personnel will be reflected in the operational policies and included in the statement of work and resulting contract.
- c. Contracts for individual program components may not compete with CDS operated programs for exclusively profit producing age categories and programs. Such operations may not compete with CDS operated programs to the extent that the balance of comprehensive services which CDS needs to retain for cost effective management is affected.
- d. The SPS director will be responsible for preparing statements of work necessary for initiating and maintaining contract services; submitting statements of work to IMCOM for approval; and assisting the CDS coordinator in monitoring delivery of all contract services.
- e. The CDS coordinator or SPS director will be designated as the contracting officer representative for CDS contracts.

7–35. Alternative sick child care program

- a. Installation proposals to offer child care programs to accommodate sick children within and MTF or in a separate facility outside the CDC must be submitted through the IMCOM to DCS, G–1 (DAPE–PDY) and The Surgeon General (DASG–PSP) for approval on a case by case basis.
- b. The SPS director will provide technical assistance and support to sick care options offered in the FCC and CDC systems, as required, and will serve as the overall POC for sick child services within CDS.

7–36. Private organizations

- a. Private organizations may operate CDCs when services offered comply with all center–based fire, safety, health, facility, and program sections of this regulation, except for personnel requirements applicable only to Government employees.

b. Oversight of private organization child care facilities will be the responsibility of the installation staff charged with monitoring private organizations (generally the DPCA) with the assistance of CDS and other installation components necessary to perform the oversight function (for instance, facility engineers, safety, and health).

c. The SPS director will serve as the CDS POC for all issues related to private organization child care and will assist the installation staff section charged with monitoring private organizations by—

(1) Ensuring that private organization CDCs do not compete with CDS operated programs for exclusively profit producing age categories or programs (such as, part-day preschool) that could result in increase patron fee schedules or elevated levels of NAF or APF requirements in support of CDS operated services.

(2) Reviewing private organization by-laws which specify compliance with Army fire, nutrition health, safety, facility, child abuse and program standards in order to provide approved child care services.

(3) Performing professional oversight of private organization program operations to include—

(a) Technical assistance in program areas.

(b) Dissemination of policy directives/program materials distributed to Army child care programs.

(c) Regularly scheduled and unannounced visits to assess program compliance.

(d) Coordination for shared training with Army-operated programs.

Section VIII

Compliance Requirements

7-37. Facility references

a. See chapter 5 for CDC requirements for all SPS programs which provide service in a centralized facility one or more days per week unless exempted in this chapter.

b. See chapter 6 for FCC requirements for parent co-ops which provide services in individual housing units more than 10 child hours per week on a regular basis.

7-38. Fire prevention references

a. See chapter 5 for CDC requirements for all programs which provide service in a centralized facility one or more days per week unless exempted in this chapter.

b. See chapter 6 for FCC requirements for parent co-ops which provide services in individual housing units more than 10 child hours per week on a regular basis.

7-39. Safety references

a. See chapter 5 for CDC requirements for SPS programs which provide service in a centralized facility one or more days per week unless exempted in this chapter.

b. See chapter 6 for FCC requirements for parent co-ops which provide services in individual housing unit more than 10 child hours per week on a regular basis.

7-40. Health and nutrition references

a. See paragraphs 4-6a and b, 4-13, 4-15, 4-19, 4-25 through 4-35, 5-50 for SAS, STACC, center-based parent co-ops, special interest programs, civilian child care centers, center-based contract programs, sick child care and private organization centers.

b. See paragraphs 4-6a and b, 4-13, 4-15, 4-19, 4-25 through 35, 6-40 and 6-41 for SPS homes and parent co-ops which provide services in individual housing units.

Section IX

Program Oversight and Quality Assurance

7-41. Facility upgrade compliance status

See paragraph 5-27 for all SPS programs which meet in a centralized facility one or more days per week unless exempted in this chapter.

7–42. Program evaluation

SPS will be assessed for compliance with standards and monitored for quality assurance on a regular basis as outlined in section X. A quality assurance plan will be developed jointly by the SPS director and the CDS coordinator. Major program oversight components include—

- a. Use of the CDC and FCC risk assessment tools as applicable by program (see paras 5–54b and 6–52b) for SPS programs which meet one or more days per week.
- b. System wide assessment as part of the ICCET (see paras 2–5, 5–4 and 6–52c).
- c. Program accreditation for SPS center–based programs which provide full–day services (see para 5–54d).

Table 7–1
Supplemental Programs and Services Summary Requirements

Service: Baby-sitter training and Services Summary Requirements

Ratios: N/A.

Staff training requirements: Ten hours minimum locally developed training according to the local baby-sitter training SOP.

Staff background clearance requirements: N/A.

Staff health requirements: N/A.

Facility requirements: N/A.

Location: On and off–post housing.

Registration requirements: Baby-sitter: Agreement for inclusion on baby-sitter referral list. Parental permission for inclusion on baby-sitter referral list. Completion of approved training.

Child health requirements: N/A.

Program requirements: N/A.

Nutrition compliance requirements: N/A.

Reporting/compliance requirements: SPS director maintains the following: number of teens and adults trained; number of teens and adults registered; number of sitter referrals; and referral list update (quarterly).

Assessment/compliance requirements: Patron satisfaction surveys and evaluated in the ICCET process.

Service: CDS volunteer services

Ratios: Volunteers will not be included in adult/child ratios.

Staff training requirements: TBD and specified in local SOP.

Staff background clearance requirements: Background clearance required according to AR 608–10 for regularly scheduled volunteers. Occasional volunteers are exempt.

Staff health requirements: Health requirements according to AR 608–10.

Facility requirements: N/A.

Location: Service should be co–located with central enrollment registry in area convenient to users. May be placed within a CDS system.

Registration requirements: Volunteers register with IVC and SPS. Complete gratuitous service agreement AR 215–1. Patrons complete statement of understanding regarding child care R&R service.

Child health requirements: N/A.

Program requirements: N/A.

Nutrition compliance requirements: N/A.

Assessment/compliance requirements: Service evaluated in the ICCET process.

Service: CDS R&R service

Ratios: N/A.

Staff training requirements: SPS staff/volunteers trained according to local SOP to provide service.

Staff background clearance requirements: Background clearance required according to AR 608–10.

Staff health requirements: Health requirements according to AR 608–10.

Reporting/compliance requirements: SPS director maintains number of referrals (total and sponsors by rank/rate, children by age); number of center–based & FCC on and off–post child care spaces available; number of inquiries for assistance; and record of follow–up inquiries.

Assessment/compliance requirements: Service evaluated in the ICCET process and with patron satisfaction surveys.

Ratios: N/A.

Staff training requirements: SPS staff/volunteers trained according to local SOP to provide service.

Staff background clearance requirements: Background clearance required according to AR 608–10.

Staff health requirements: Health requirements according to AR 608–10.

**Table 7–1
Supplemental Programs and Services Summary Requirements—Continued**

Reporting/compliance requirements: SPS director maintains number of referrals (total and sponsors by rank/rate, children by age); number of center–based & FCC on and off–post child care spaces available; number of inquiries for assistance; and record of follow–up inquiries.

Assessment/compliance requirements: Service evaluated in the ICCET process and with patron satisfaction surveys.

Service: Foster grandparent service

Ratios: Foster grandparent program participants will not be included in adult/child ratios.

Staff training requirements: According to requirements for volunteers.

Staff background clearance requirements: Background clearances according to AR 608–10.

Staff health requirements: TBD and specified in local SOP.

Facility requirements: N/A.

Location: Participants may be placed within any CDS system.

Registration requirements: TBD by local SOP in conjunction with ACS.

Child health requirements: N/A.

Program requirements: N/A.

Nutrition compliance requirements: N/A.

Reporting/compliance requirements: Additional requirements TBD by local ACS. SPS Director maintains the following: number of participants; placement locations; and hours of service.

Assessment/compliance requirements: Service evaluated in the ICCET process and with patron satisfaction surveys.

Service: Central enrollment registry

Ratios: N/A.

Staff training requirements: SPS staff trained according to local SOP to provide service.

Staff background clearance requirements: Background clearance required according to AR 608–10.

Staff health requirements: SPS staff meets health requirements according to AR 608–10.

Facility requirements: N/A.

Location: Centralized location in SPS office convenient to users. Co–located with R&R service.

Registration requirements: Maintains copies of all registration documents for Center and FCC enrollees.

Child health requirements: N/A.

Program requirements: N/A.

Nutrition compliance requirements: N/A.

Reporting/compliance requirements: SPS director maintains the following: DA Form 5661 ; annually.

Assessment/compliance requirements: Service evaluated in the ICCET process and with patron satisfaction surveys.

Service: Parent education service

Ratios: N/A.

Staff training requirements: N/A.

Staff background clearance requirements: N/A.

Staff health requirements: N/A.

Facility requirements: N/A.

Location: Parent training site TBD locally. Parent library located convenient to users.

Registration requirements: As required for specific training session.

Child health requirements: N/A.

Program requirements: N/A.

Nutrition compliance requirements: N/A.

Reporting/compliance requirements: SPS director maintains the following: annual parent education training plan; sessions offered; number of participants per session; annotated summary of each session; and resource list.

Assessment/compliance requirements: Service evaluated in the ICCET process and with patron satisfaction survey.

Program: Civilian child care operations

Ratios: AR 608–10 center ratios and group sizes apply.

Staff training requirements: AR 608–10 center staff training requirements apply.

Staff background clearance requirements: Background clearances for center staff apply according to AR 608–10.

Facility requirements: Facility standards apply according to AR 608–10.

Location: Care provided in centralized facility on Government property.

Registration requirements: AR 608–10/center registration applies.

Child health requirements: Health requirements according to AR 608–10.

Program requirements: AR 608–10/center program requirements apply.

Nutrition compliance requirements: AR 608–10 center nutrition requirements apply.

**Table 7–1
Supplemental Programs and Services Summary Requirements—Continued**

Reporting/compliance requirements: AR 608–10 center reporting/recordkeeping requirements apply.

Assessment/compliance requirements: SPS Director verifies on post civilian child care operations meet all provisions of AR 608–10, program evaluated as part of the ICCET process, and with patron satisfaction surveys.

Program: Short-term alternative child care (STACC)

Ratios: AR 608–10 center ratios and group sizes apply.

Staff training requirements: CDC trained caregivers who have completed basic 38 hours of training.

Staff background clearance requirements: Background clearances according to AR 608–10.

Facility requirements: Locally determined CDS facility standards do not apply. SPS director and proponent representatives for fire, health, and safety determine installation requirements to ensure basic health and safety needs are met according to local SOP.

Location: Care provided within any facility which meets local SOP requirements and parents remain on site or immediately accessible for duration of care.

Registration requirements: current immunization record.

Child health requirements: Current immunization records.

Program requirements: Developmentally appropriate activities according to center–based hourly care guidance. SPS resource/toy lending library use authorized.

Nutrition compliance requirements: Infant food/formula provided by parents. Refrigeration must be available. Snacks and meals provided appropriate for time and length of session. Meals may consist of sack lunches prepared according to USDA guidelines.

Reporting/compliance requirements: SPS director maintains the following: number of organizations served; location of approved sites; number of STACC sessions provided; number of children served/ages of children served; rank/grade of sponsors served; fees collected; annotated summary of sessions offered;

Assessment/compliance requirements: SPS director verifies STACC program operations meet all applicable SOPs. Program evaluated in ICCET process and with patron satisfaction surveys.

Program: Volunteer child care in unit settings (VCCUS)

Ratios: AR 608–10 center ratios and group sizes apply.

Staff training requirements: N/A.

Staff background clearance requirements: N/A.

Staff health requirements: N/A.

Facility requirements: Locally determined. CDS facility standards do not apply. SPS director and proponent representatives for fire, health and safety determine basic requirements according to local SOP.

Location: Care provided within any facility which meets local SOP requirements and parents remain on site or immediately accessible for duration of care.

Registration requirements:

Registration requirements: TBD in local SOP.

Program requirements: Developmentally appropriate activities according to local SOP. SPS resource/toy lending library use authorized. SPS provides oversight and technical assistance in program implementation.

Nutrition compliance requirements: Infant food/formula provided by parents. Refrigeration must be available. Snacks and meals appropriate for time and length of session as specified in local SOP.

Reporting/compliance requirements: SPS director maintains the following: number of trained volunteers; number of children and sponsors served; ages of children served; rank/grade of sponsors; number of VCCUS sessions held; annotated summary of sessions offered; and demographic information reported annually on DA Form 5216–R.

Assessment/compliance requirements: SPS director verifies VCCUS program operations meet all applicable local SOPs. Program evaluated in the ICCET process and with patron satisfaction surveys.

Program: Contract operations

Ratios: According to AR 608–10 center or FCC ratios and group sizes apply.

Staff training requirements: According to AR 608–10 center–based or FCC requirement.

Staff background clearance requirements: Background clearances according to AR 608–10 center, FCC or SPS program type requirements.

Staff health requirements: According to AR 608–10 CDC or FCC program type requirements.

Facility requirements: Center–based: center facility standards apply. Quarter–Based: FCC facility standards apply. SPS: as specified in AR 608–10, chapter 7 for program type.

Location: N/A.

Registration requirements: According to AR 608–10 center, FCC or SPS program type requirements. SPS program type requirements.

Child health requirements: According to AR 608–10.

Program requirements: According to AR 608–10, center, FCC or SPS program type requirements.

**Table 7–1
Supplemental Programs and Services Summary Requirements—Continued**

Nutrition compliance requirements: According to AR 608–10 Center, FCC or SPS program type requirements.
Reporting/recordkeeping requirements: According to AR 608–10 Center, FCC or SPS program type requirements.
Assessment/compliance requirements: According to AR 608–10 Center, FCC or SPS program type requirements.

Program: Special interest programs

Ratios: Center ratios and group sizes apply according to AR 608–10.
Staff training requirements: TBD and specified in local SOP. Must be equivalent to comparable programs operated by CDS.
Staff background clearance requirements: Required according to AR 608–10.
Staff health requirements: N/A.
Facility requirements: CDS standards (as applicable by age group) when facility is used on regularly scheduled basis one or more times per week. Facility standards not applicable if parent remains on site or immediately accessible during care.
Location: Care provided in facilities not operated by CDS such as, ACS, chaplains. Local determination.
Registration requirements: TBD and specified in local special interest SOP.
Child health requirements: According to AR 608–10 SPS, CDC or FCC program type.
Program requirements: Appropriate activities according to local SOP. SPS resource/toy lending library use authorized. SPS provide oversight and technical assistance in program planning and delivery. Programming must be equivalent to comparable programs operated by CDS.
Nutrition compliance requirements: TBD and specified in local SOP.
Reporting/recordkeeping requirements: SPS director maintains the following: number of special interest programs; number of children and sponsors served; ages of children served; rank/grade of sponsors served; and annotated summary of program offered.
Assessment/compliance requirements: SPS director verifies special interest program operations meet all applicable local SOPs and provisions of AR 608–10. Program evaluated in the ICCET process and with patron satisfaction surveys.

Program: SPS homes

Ratios: State/local requirements or FCC ratios according to AR 608–10, whichever is more stringent.
Staff training requirements: Providers meet FCC training requirements.
Staff background clearance requirements: Background clearances according to AR 608–10.
Staff health requirements: TBD by state and local regulations.
Facility requirements: TBD by state/local regulation.
Location: Care provided in off–post private homes.
Registration requirements: Providers register with SPS. Child registration according to FCC requirements in AR 608–10.
Child health requirements: TBD by state and local regulations.
Program requirements: Provider meets FCC developmental programming compliance requirements according to AR 608–10.
Nutrition compliance requirements: Provider meets FCC nutrition requirements according to AR 608–10.
Reporting/recordkeeping requirements: SPS maintains information to complete.
Assessment/compliance requirements: SPS director verifies SPS providers meet all applicable provisions of AR 608–10 and local requirements per a Memorandum of Understanding with state/county/host nation licensing agency. Program evaluated in the ICCET process and with patron satisfaction survey. Meets state/local licensing requirements.

Program: School–age Services (SAS)

Ratios: 1:15
Staff training requirements: According to SAS administrative manual.
Staff background clearance requirements: According to SAS administrative manual.
Staff health requirements: According to SAS administrative manual.
Facility requirements: According to SAS administrative manual.
Location: Installation determination. Facility must meet minimum facility requirements.
Registration requirements: According to SAS administrative manual.
Child health requirements: According to SAS administrative manual.
Program requirements: According to SAS administrative manual.
Nutrition compliance requirements: According to SAS administrative manual.
Reporting/recordkeeping requirements: According to SAS administrative manual.
Assessment/compliance requirements: According to SAS administrative manual.

Program: Home based parent co–ops

A Care provided less than 10 child hours per week.
B Care provided more than 10 child hours per week.

Ratios: A&B: FCC ratios and group sizes apply.
Staff training requirements: A. Locally developed training as specified in local co–op SOP. B. FCC training requirements apply.

**Table 7–1
Supplemental Programs and Services Summary Requirements—Continued**

Staff background clearance requirements: A & B: Parents providing care must be 18 years or older. Background clearances required according to AR 608–10.

Staff health requirements: A. TBD and specified in local co–op SOP. B. FCC provider requirements according to AR 608–10 apply.

Facility requirements: A. TBD and specified in local co–op SOP. B. FCC facility requirements according to AR 608–10 apply.

Location: A & B: Government owned or leased quarters or privately owned housing on military installations.

Registration requirements: A & B co–op: CDS and command approval required. A & B child: TBD and specified in local co–op SOP.

Child health requirements: A. TBD and specified local co–op SOP current immunization record and specification of exclusion criteria recommended. B. FCC child health requirements according to AR 608–10 apply.

Program requirements: A. Co–op members trained to provide developmentally appropriate activities. SPS provides oversight and technical assistance in program planning and delivery. B. Co–op members meet FCC provider training requirements according to AR 608–10, SPS provides oversight and technical assistance in program planning and delivery.

Nutrition compliance requirements: A. TBD and specified in local co–op SOP. B. According to USDA CACFP guidelines for FCC homes.

Reporting/recordkeeping requirements: A & B: SPS director maintains the following: number and types of co–ops; number of co–op members; number of children and sponsors served; ages of children served; rank/grade of sponsors served.

Assessment/compliance requirements: A & B: SPS director verifies co–op operations meet all applicable local SOPs and provisions of AR 608–10. Program evaluated in the ICCET process and patron satisfaction survey.

Program: Facility based co–ops

A One parent per child on site for duration of co–op session

B One parent per child not on site for duration of co–op session

Ratios: A & B: Center–based ratios and group sizes apply.

Staff training requirements: A & B: Training developed and specified in local co–op SOP.

Staff background clearance requirements: A & B: Parents providing care must be 18 years or older. Background clearances required according to AR 608–10.

Staff health requirements: A & B: TBD and specified in local co–op SOP.

Facility requirements: A. Parent remains on site for duration of care. Locally determined CDS facility standards apply. SPS director, and proponent representatives for fire, health, and safety determine installation requirements to insure basic health and safety needs are met according to local SOP. B. Center–based facility standards according to AR 608–10 apply.

Location: Facilities in compliance with A or B requirements.

Registration requirements: A & B co–op: CDS and command approval required. A Child: TBD and specified in local co–op SOP. B Child: According to AR 608–10.

Child health requirements: A & B: TBD and specified in local co–op SOP. B: According to AR 608–10.

Program requirements: A: Co–op member training TBD and specified in local co–op SOP. SPS provides oversight and technical assistance in program planning and delivery. B: According to AR 608–10.

Food service requirements: A: TBD and specified in local co–op SOP. B: According to AR 608–10.

Reporting/recordkeeping requirements: A: SPS director maintains the following: number of types of co–ops; number of co–op members; number of children and sponsors served; age of children served; and rank/grade of sponsors served. B: According to AR 608–10.

Assessment/compliance requirements: A & B: SPS director verifies operations meet all applicable local SOPs and provisions of AR 608–10. Program evaluated in the ICCET process and with patron satisfaction surveys.

**Statement of Understanding
Regarding Child Care Resource and Referral Services data**

Required by the Privacy Act of 1974

Authority: Section 3012, title 10, United States Code

Principle purpose: Information is used by DA personnel to verify eligibility for use of Army Child Development Services Programs.

Routine uses: No information is disclosed outside DOD.

Disclosure: Disclosure of requested information is voluntary; however, if information is not provided, individuals may not be able to participate in Child Development Services Programs.

I request information on the following child care programs available
on and off-post: Army Child Development Centers
Army Family Child Care
Homes Army Baby-sitter
Referral Services* Off-post
child care programs*

*I understand that:

Selecting and retaining child care services are a parental responsibility.

Any information provided by Child Development Services is provided as a service designed to assist me locate available child care so that I may make an independent choice as to the services which best meet the needs of my child and our family situation.

No background check has been performed on persons providing these services.

The referral list does not represent an endorsement of the program or the individual by the United States Army or by this installation.

The Government does not insure nor recommend the quality of the referred programs.

The United States assumes no responsibility under the Federal Tort Claims Act, or any other provision of the law which would allow it to be sued on account of any act or omission—criminal, intentional negligent or otherwise—by a caregiving adult that causes any injury or death to a child placed under the care of that provider.

Information received is for my private use or the use of my family members.

Name: Charles White

Signature: (Charles

White) Unit: A Battery
1st/2nd ADA

Phone Numbers: (W) 111-1234 (H) 222-4567

date: 1 October 1990

*Applies only to Army baby-sitter referral service and off post child care programs

Figure 7-1. Sample format for patron statement of understanding regarding child care resource and referral service

**Statement of Understanding
Regarding Child Care Resource and Referral Services data**

Required by the Privacy Act of 1974

Authority: Section 3012, title 10, United States Code

Principle purpose: Information is used by DA personnel to verify eligibility for use of Army Child Development Services Programs.

Routine uses: No information is disclosed outside DOD.

Disclosure: Disclosure of requested information is voluntary; however, if information is not provided, individuals may not be able to participate in Child Development Services Programs.

I request information on the following child care programs available
on and off-post: Army Child Development Centers
Army Family Child Care
Homes Army Baby-sitter
Referral Services* Off-post
child care programs*

*I understand that:

Selecting and retaining child care services are a parental responsibility.

Any information provided by Child Development Services is provided as a service designed to assist me locate available child care so that I may make an independent choice as to the services which best meet the needs of my child and our family situation.

No background check has been performed on persons providing these services.

The referral list does not represent an endorsement of the program or the individual by the United States Army or by this installation.

The Government does not insure nor recommend the quality of the referred programs.

The United States assumes no responsibility under the Federal Tort Claims Act, or any other provision of the law which would allow it to be sued on account of any act or omission—criminal, intentional negligent or otherwise—by a caregiving adult that causes any injury or death to a child placed under the care of that provider.

Information received is for my private use or the use of my family members.

Name: Charles White

Signature: (Charles

White) Unit: A Battery
1st/2nd ADA

Phone Numbers: (W) 111-1234 (H) 222-4567

date: 1 October 1990

*Applies only to Army baby-sitter referral service and off post child care programs

Figure 7-2. Sample format for consent for inclusion on the Child Development Services baby-sitter referral list

Appendix A

References

Section I

Required Publications

Unless otherwise stated, Department of the Army publications are available on the Army Publishing Directorate website at <https://armypubs.army.mil/>. Department of Defense publications are available on the Executive Services Directorate, Washington Headquarters Services website at <https://www.esd.whs.mil/>.

AR 11–2

Risk Management and Internal Control Program (Cited in title page.)

AR 25–1

Army Information Technology (Cited in para 3–2a.)

AR 27–20

Claims (Cited in para 6–19a.)

AR 40–5

Army Public Health Program (Cited in para 4–33b(1).)

AR 58–1

Management, Acquisition, and Use of Motor Vehicles (Cited in para 3–2a.)

AR 215–1

Military Morale, Welfare, and Recreation Programs and Nonappropriated Fund Instrumentalities (Cited in para 2–25b.)

AR 215–3

Nonappropriated Funds Instrumentalities Personnel Policy (Cited in para 2–24b(3).)

AR 385–10

The Army Safety and Occupational Health Program (Cited in para 3–2a.)

AR 420–1

Army Facilities Management (Cited in para 3–2a.)

AR 420–81

Custodial Services (Cited in para 5–36.) (**obsolete**)

AR 608–18

The Army Family Advocacy Program (Cited in paras 2–22b.) (**obsolete**)

CDCU6

Army Standard and the Army Standard Design Criteria (Cited in para 2–1f(3).) (available at <https://mrsi.erd.c.dren.mil/cos/hnc/cdcu6/>).

CTA 50–909

Field and Garrison Furnishings and Equipment (Cited in para 3–3a.)

CTA 50–970

Expendable/Durable Items (Except: Medical, Class V, Repair Parts, and Heraldic Items) (Cited in para 3–3a.)

DA Pam 570–551

Staffing Guide for US Army Garrisons (Cited in para 3–11.) (**obsolete**)

DA Pam 690–41

Standardized Positions Descriptions (Cited in para 3–10a.) (**obsolete**)

DoD Manual 6060.1

DoD Manual 6060.1 Service–Training Manuals for Child Care Givers on DoD installations—M–1 through 9 (Cited in para 5–5a.)

NFPA 101

National Fire Protection Associations—Life Safety Code, Volume 9 (Cited in para 5–30a.) (Available at <https://www.nfpa.org/>.)

Section II**Prescribed Forms**

Unless otherwise indicated, Department of the Army forms are available on the Army Publishing Directorate website at <https://armypubs.army.mil/>.

DA Form 5219

Child Development Services (CDS) Family Child Care (FCC) Provider Application (Prescribed in para 6–14d(1).)

DA Form 5220

Child Development Services (CDS) Family Child Care (FCC) Provider Background Clearance Request (Prescribed in para 6–14d(2).)

DA Form 5221

Child Development Services (CDS) Family Child Care (FCC) Certification Denial/Revocation (Prescribed in para 6–14d(4).)

DA Form 5224

Child Development Services (CDS) Child and Family Profile (Prescribed in para 2–13a(1).)

DA Form 5225

Child Development Services (CDS) Medical Dispensation Record (Prescribed in para 2–13a(2).)

DA Form 5761

Family Child Care (FCC) Risk Assessment Tool Observation Instrument (Prescribed in para 6–52b(1).)

DA Form 5761–1

Child Development Services (CDS) Observation Summary (Prescribed in para 6–52b(1).)

DA Form 5761–2

Family Child Care (FCC) Risk Assessment Tool Interview Summary. (Prescribed in para 6–52b(1).)

DA Form 5761–3

Family Child Care (FCC) Risk Assessment Tool Report. (Prescribed in para 6–52b(1).)

DA Form 5762

Family Child Care (FCC) Provisional Certification Record Operational Requirements (Prescribed in para 6–14d(3).)

Appendix B

Appropriated and Nonappropriated Fund Support

B-1. Appropriated fund support

A summary of authorized APF support is listed below. For definitive regulatory guidance see AR 215-1, DA Pam 570-551 (**obsolete**), AR 105-23, AR 58-1 and AR 37-103-1.

a. Positions used in DA Pam 570-551 (**obsolete**), and appendix A that are authorized to be paid with APF are: CDS coordinator, program director(s), special needs program director, administrative clerks, program operations specialists, assistant program director(s), CDC teacher(s), child development program assistants, administrative clerk for FCC system, and administrative clerk for SPS system.

b. Education, training, travel, and transportation allowances for CDS personnel authorized APF support (such as, training workshops and professional conferences).

c. Premium pay for official duties performed by APF civilian employees, after the normal 40-hour week, including holiday, night, or Sunday differential (such as, extended operational hours for mission support requirements, chapel services, and command supported functions).

d. Custodial and maintenance services, to include manpower, supplies and equipment as may be provided by the installation engineer and public works department or contract. When establishing custodial contracts, special consideration will be given to the extensive health and sanitation program requirements and the number of hours that CDS facilities are in operation.

e. Common services of a protective or sanitary nature such as fire protection, physical security, veterinary and sanitary inspections as required by CDS minimum standards, and regulatory requirements. Common services such as sewage disposal, trash and garbage removal, snow removal and pest control as normally provided other building occupants.

f. Transportation of children, patrons, FCC providers and CDS personnel, in Government-owned vehicles. This is appropriate when such vehicles are available and the event for which appropriated support is requested satisfies the criteria of AR 58-1. Children enrolled in FCC and SPS programs may be included in CDC sponsored field trips.

g. Payment of utility services including heat, steam, water, gas, electricity, air conditioning, exhaust, and other utility services for facilities used primarily for CDS. This will also include purchase, installation, and maintenance of metering devices.

h. Communications services including—

(1) Electronic communications such as telephone, Defense Switched Network (DSN), automatic digital network intercom and public address systems, and other electronic devices required by CDS.

(2) Postal service, mail indicia, and postage for dispatch and handling of official mail.

i. Automation to facilitate auditing operations, program compliance verification, records management, program information referral services, and data collection and analysis. The development of computer systems must be coordinated with the installation Director of Information Management and with DCS, G-1 (DAPE-PDY) to ensure compatibility with CDS software packages under development for Armywide use.

j. Printing and reproduction work done by photo offset, lithography, printing presses, and other processes; photography, microfilming, formats and forms development, and graphics as required for program operations and promotional activities.

k. Expendable supplies and material required in daily CDS operations that are consumed, lose their identity, and are dropped from accountability. (Examples are stationery and office supplies, magazine binders, housekeeping supplies, fuels, and program materials such as paper, crayons, scissors, puzzles, books, records, games, arts and crafts supplies, bibs, emergency supplies of disposable diapers.) Food is not considered part of this category.

l. Purchase, maintenance, and repair of equipment; child materials such as toys, program equipment, and curriculum resources; tools, furniture, and fixtures required for operation of CDS. This also applies to maintenance of Government-owned equipment on loan to CDS and to items acquired with NAF that have been transferred to the Government as APF property on the installation property book according to AR 215-1.

m. Shipping of supplies, fixtures, furnishings, and equipment purchased with APF, and household items shipped for civilian employees paid with APF.

- n.* Minor construction, repair, and maintenance of facilities, including associated architectural and engineering services.
- o.* Construction (investment) or nonoperating expenses including—
 - (1) Architectural, engineering, industrial, and interior design and decoration services required for construction, alteration, or repair of real property facilities.
 - (2) Major construction to include erection, installation, or assembly of a new facility; or the addition, expansion, conversion, replacement, or relocation of an existing facility. This includes equipment installed in and made a part of such facilities and related site preparation, landscaping, and other land improvements.
- p.* Emergency procurement. (See AR 37–103–1.)
- q.* Services provided by installation agencies including veterinary services and environmental health.
- r.* Contractual services including—
 - (1) Janitorial, cleaning, and other custodial services to supplement engineer maintenance or to perform special custodial functions.
 - (2) Rental of uniforms, protective clothing, work garments, equipment, films, furnishings, and book rental plans.
 - (3) Transportation for special CDS projects and routine activities, transfer from one program location to another when destinations exceed mileage limitations set for the use of military vehicles or when military vehicles are not available.
 - (4) Periodicals, exhibits, displays, royalty fees, training, reference and promotional materials, and audiovisual activities.
 - (5) Maintenance of office, kitchen, and laundry equipment when procured from APF or when procured with NAF if the title has been transferred to the Government.
 - (6) Other services such as operating expenses for APF automation, APF accounting, APF reporting, APF pay and entitlement, APF financial management, APF procurement, and legal services.
 - (7) Training and related services, materials and transportation.

B–2. Nonappropriated fund support

A summary of authorized NAF support is listed below. For regulatory guidance see DA Pam 570–551 (**obsolete**).

- a.* The positions in DA Pam 570–551 (**obsolete**), category 3 are as follows: food service manager, cook, food service worker(s), CD teacher(s), program assistant(s), child caregiver(s), custodial workers, and other positions required for unique CDS program requirements.
- b.* Other NAF employees to supplement services of APF personnel in the overall operation of CDS activities.
- c.* Off–duty hire of enlisted personnel as a part–time NAF employee to support essential CDS operations.
- d.* Training, travel, and transportation of CDS personnel paid from NAF.
- e.* Contractual services to supplement those supported by APF.
- f.* Communications and postal services to supplement those supported by APF.
- g.* Purchase, maintenance, and repair of equipment when APF services cannot be provided including all costs for equipment related to sales and services.
- h.* Purchase of operational supplies, tools, equipment, and materials related to resale, rental, and merchandising activities and when APF are not available.
- i.* Shipment of goods and equipment purchased with NAF.
- j.* Construction, repair, and maintenance of facilities and equipment when APF are not available.
- k.* Custodial services to supplement those provided by APF.
- l.* Other operating expenses authorized by AR 215–1.
- m.* Minor incidental expenditures not to exceed \$500 may be made from designated NAF petty cash in accordance with AR 215–2, AR 215–4, and AR 215–5. Petty cash funds will not be used to circumvent regulations regarding purchase orders for normal items of supply and equipment.
- n.* Purchase of food items and supplies to support CDS food services program. Food items may be purchased with NAF through the troop issue supply service.

Appendix C

Instructions for Completing DA Form 5246 (Child Development Services (CDS) Program Report)

C-1. Section I—Child Development Services Summary

a. Part I. Installation/Army command data.

(1) Installation (A)—Self-explanatory. If a sub-community/post include, both sub-community/post name and installation name.

(2) ACOM (B). Self-explanatory.

(3) ACOM Code (C). Leave blank.

(4) Subordinate Command Code (D). Enter name of subordinate command.

(5) Address (E). Enter complete accurate mailing address for CDS Coordinator.

(6) Telephone number (F). Include area code with commercial and DSN numbers.

(7) Proponent (G). Enter DPCA and indicate if CDS is under any other activity, such as, ACS.

(8) Name (H). Self-explanatory.

(9) Signature (I). Self-explanatory.

b. Part II. Fiscal data. This section will provide data on funds allocated and obligated for operating CDS programs. Installation resource management offices have reports which will provide some of the financial data to prepare this portion of the report. The 218 Report, "Obligations by Object Class," provides data on CDS OMA funds by Army Management Structure Codes. Income Statements from the NAF Central Accounting Office can provide much of the NAF data required.

(1) *Child Development Services Funding Source.* (A) Enter the total dollar amount (APF and NAF) actually allocated for CDS programs.

(a) APF (1)—enter dollar amounts of all APF actually allocated for the fiscal year (CDS base in the DPCA Core plus the MDEP).

(b) NAF (2)—enter the total dollar amount of NAF revenue (user fees and charges) for the fiscal year.

(c) NAF (3)—enter subsidy from the IMWRF/Single Fund or other NAF sources. Do not include APF/NAF reimbursement dollars.

(d) USDA CACFP (4)—Include all funds received (center reimbursement, FCC direct subsidies and FCC administrative reimbursements). OCONUS communities should include the NAF subsidy.

(e) Donations/grants (5)—enter dollar amount of all donations/grants received to support the program (such as, cash donations from individuals and all private associations, and grants from Combined Federal Campaign, Title I, Title XX or other State, local or federal funding sources).

(2) *Child Development Services operational costs.* (B) Enter the actual amount of dollars obligated to operate CDS programs.

(a) Personnel salaries and benefits (1)—enter the actual dollar amount obligated for personnel (APF and NAF) to include benefits.

(b) Food service (2)—enter dollar amount (APF and NAF) obligated/spent for food service (such as, food, paper products, self-service food related supplies).

(c) Equipment/supplies (3)—enter dollar amount (APF and NAF) obligated/spent for all supplies and equipment.

(d) Other (4)—enter dollar amount of any other costs not shown in the above items 1 thru 3 (such as, training, contracts, TDY, central accounting expenses, and so forth).

(3) *Funds committed for renovation efforts.* (C) Self-explanatory. Information available from the DEH.

(4) *Funds programmed for new construction.* (D) Enter dollar amounts for MCA projects LIMMCA, NAF or other funds (both major or minor).

c. Part III—Personnel. Prepare a personnel sheet for each professional staff or management employee. This includes one for the coordinator, each program director, assistant program director, food service manager, training and curriculum specialist, FCC outreach worker, program operations specialist and SAS coordinator.

(1) *Administrative staff.* (A)

(a) Position (1). Self-explanatory.

(b) Title (2). Indicate year of employment in addition to title/grade.

(c) Series (3). Self-explanatory.

(d) Percent of time spent on duties (4). Enter percent of time spent on each job when double functioned.

(2) *Training (5)*.

(a) Entry level (a). Self-explanatory.

(b) Annual (b). Self-explanatory.

(c) Army and DoD (c and d). Indicate what training attended and dates.

(d) Remaining training (e and g). self-explanatory.

(3) *Positions (B)*. Fill this section in only one time—on the coordinator's personnel sheet.

(a) APF Staff (1). Enter total full time equivalent APF positions. Break out authorized, over hire, and contract.

(b) NAF Staff (2). Enter total number of full time equivalent NAF positions. Indicate in parentheses how many of these are reimbursed with APF.

d. *Part IV—Services*.

(1) *Child Development Center(s) (A)*.

(a) CDS facilities (1).—Enter the total number of separate facilities. Count each facility identified as a separate building by the engineers.

(b) Child capability (2).—enter the total number of child spaces available at any one time. If the number changes because of double functioning of rooms for different age groups or program types, (such as, 15 pre-school vs 18 school-age children) enter the number of spaces available during prime occupancy period (such as, 0900–1700).

(c) Child capacity (3).—enter the maximum number of children who could use the center on a given day. Include all different groups of children who share the same space. (such as, AM and PM pre-school groups/school-age children, and factor in usual turnover rate in hourly care spaces.)

(d) Child age group enrollment (4).—enter the total number of children who used center services during the reporting period. If a child uses more than one service, count the child in each service used. (such as, If the child uses part-day care and hourly care services, count the child twice.)

(e) Program types/ ADA (5).—enter total of (a) through (d).

1. Full-day program—enter the total number of attendees for 5 typical days per quarter divided by 20.

2. Part-day preschool program—enter the total number of attendees in AM plus PM sessions per week for 4 typical weeks in the preschool year and divide by 20. If some days have only AM or PM select a day representative of the majority of the week.

3. PDSA program—enter the total number of attendees for 5 typical days per quarter divided by 20.

4. Hourly program—enter the total number of attendees for 5 typical days per quarter and divide by 20.

5. Special needs program services—enter the total number of children in the program for 5 typical days per quarter and divide by 20.

(2) *Child Development Services Family Child Care Homes (B)*.

(a) FCC certified homes (1).—enter the total number of provisionally and fully certified homes operating during the reporting period.

(b) Child capacity (2).—enter the total number of child spaces in total FCC system as of 30 Sep/end of the FY.

(c) Child age group enrollment (3)—enter the total number of individual children using FCC services during the reporting period per registration cards.

(3) *Supplemental programs and services (C)*.

(a) Programs offered (1). Check those programs that are offered.

(b) Enrollment. Enter total enrollment (2). (If a child uses more than one program, count the child once for each program used.)

(c) Services offered (3). Check those services that are offered.

e. *Part V—Utilization data*

(1) Sponsors (A)—enter total of 1 through 5.

(a) Enter total per registration cards.

(b) Same.

(c) Same.

(d) Same.

(e) Include military retirees in this category.

(2) Child age group enrollment—total of 1 through 4.

(a) Infant (1). Enter total number per registration cards ages 4 weeks to 18 months.

- (b) Toddler (2). Enter total number per registration cards ages 18 months to 3 years.
- (c) Preschool (3). Enter total number per registration cards ages three to five years regardless of program (such as, include full-day, pre-school, and part-day pre-school attendees).
- (d) School Age (4). Enter total number per registration cards ages 5 to 12 years.
- (3) Family Structure (c) (CDC, FCC and SPS programs inclusive).
 - (a) More than 1 child (1). Self-explanatory.
 - (b) Sole parents (2) (3). Self-explanatory.
 - (c) Active duty couples (4). Both parents must be active duty.
 - (d) Active duty couples (5). Both parents must be active duty.
- (4) Off-post resident patrons. Self-explanatory.
- f. *Part VI—Remarks*. Include program materials, parent handbook, staff handbook, sample SOP's, filers, Month of Military Child Program, fee schedules.

C-2. Section II—Child Development Services Center-Based System

- a. *Part I—Center operational costs*. —take from Section I, Part II, Line B.
- b. *Part IB—Fees*.
 - (1) Rate structure (1) Self-explanatory.
 - (2) Multiple Child Discount Rate (2).
 - (a) Second Child—take 1st child rate minus 2nd child rate and divide by 1st child rate to get a percent.
 - (b) Third child—same as a, but substitute 3rd child rate for 2nd child rate.
 - (c) Each additional child—substitute additional child rate for 2nd child rate in formula in a.
 - (3) Hourly rate scale (3)—enter most frequently paid rate.
 - (4) Weekly rate scale (4)—enter most frequency paid rate.
 - (5) Monthly rate scale (5)—most frequency paid rate.
 - (6) Preschool monthly rate (6)—enter rate charged for one child (a-c).
 - (7) PDSA Monthly Rate per Child (7) Enter rate charged for one child (a-c).
- c. *Part II—Personnel*.
 - (1) Regularly scheduled full-time and part-time employees in the full-day program (A)—Enter the total number of employees and corresponding percentage of staff.
 - (2) Regularly scheduled full-time and part-time employees in the hourly program (B)—Enter the total number of employees and corresponding percentage of staff.
 - (3) Intermittent-on-call employees in CDC s (C)—Enter the total number of IOC's in the CDC programs. Additionally indicate the total number of work years filled by IOC's (count the total hours worked by IOC's and divide by 1740 hours—hours in one work year).
- d. *Part III—Services*.
 - (1) Operations (A).
 - (a) Check applicable boxes in 1-4.
 - (b) Operational hours (5).
 - 1. Enter total number of hours per week an individual program operates. (a-d).
 - 2. Special needs (e). Enter a total here only if Special Needs is a *separate* program.
 - (2) Program Type Capacity—Enter total of lines 1-5. This figure should be the center capacity.
 - (a) Full-day and hourly program. (1-2). Enter total number of spaces allocated to these programs and accompanying percentage of the capacity.
 - (b) Part-day preschool (3). Enter the total number of spaces allotted to this program.
 - (c) PDSA (4). Enter the total number of spaces allotted to the program.
 - (d) Special Needs (5). Enter the total number of spaces allotted to special needs program.
 - (e) Unmet demand. Check any applicable box of unmet demand in program capacity in excess of 20% as documented on a waiting list. Add g. The number on the waiting list.
- e. *Part IV—Utilization data*.
 - (1) Sponsors (A).
 - (a) Full-day (1). Enter the total of lines a-e below and the corresponding percentage.
 - (b) Grades (a-e) Enter the total number of sponsors per the registration cards for the appropriate grade.
 - (c) The remainder of this section is self-explanatory (2-5).
 - (2) Child Age Group Enrollment (B).
 - (a) Lines 1-4. Enter the total enrollment in each age category based on registration cards.

(b) Unmet demand (5). Check appropriate boxes indicating unmet demand in excess of 20 percent of existing age group capacity.

(3) Off Post Residence CDS Patrons (C)—Total of lines 1–5 below. (Enter total number of patrons based on registration cards. Do not double count patrons.)

f. *Part V—Remarks*. Indicate whether a Developmental Assessment Team Review was conducted and the date(s). Include any installation comments.

C–3. Section III—Family Child Care System

a. Part I—Fiscal data.

(1) FCC Operational Costs (A).—FCC portion of Section I, Part II line B, page 1.

(2) Fee Range.

(a) Lines 1–2. Self-explanatory.

(b) Average weekly fee (3). Enter the amount charged by the majority of FCC providers (such as, the mode not the mean fee).

b. Part II—Personnel.

(1) FCC Director (A). Enter the number of FCC Program director(s) and the number of homes supervised.

(2) Outreach worker (B). Enter the number of Outreach workers.

c. Part III—Services.

(1) Multi-Age FCC homes (A).—Enter the total number of homes with mixed age groupings and corresponding percentage.

(2) Special purpose homes (B). Enter the total number of special purpose homes. Count each home only one time. Total of A and B should equal Part IV, B 1, page 3.

(3) Homes Certified, Registered and Monitored (C–E). Enter the total number of homes in each category for the year and them as of 30 September.

d. Part IV—Utilization data.

(1) Sponsors (A)—Enter total of lines 1–5 below. (1–5. Enter the number of sponsors per registration cards).

(2) Child Age Group Enrollment (B)—Enter total of lines 1–5 below.

(a) Children enrolled (1–4). Enter the total number of children enrolled in each category using registration cards and the corresponding percentage of FCC system enrollment.

(b) Unmet demand (5). Check all applicable boxes of unmet demand in excess of 20% of existing age group capacity.

e. *Part V—Remarks*. Enter any installation remarks concerning the FCC system.

C–4. Section IV—Child Development Services Supplemental Programs and Services System

a. *Part I—Services and Utilization data*. Throughout this part, report all federal Government employees other civilians and retirees under civilian patrons. Count both parents only for dual military parents.

(1) Common Services (A).

(a) Parent Education Services (1)—Include services for all systems.

(b) Volunteer Services (2)—Include volunteers in all systems.

(2) All other blocks in section IV are self-explanatory.

b. Section IV—School-Age Program

(1) Part I Identifying data.

(2) Lines A–C are Self-explanatory.

c. Part II—Financial data.

(1) APF Operating Funds (A)—Enter total APF funds expensed under the SAS AMS Code.

(2) NAF (B). Enter Total NAF income. Itemize patron fees, APF–NAF reimbursement and donations. Enter total of NAF expenses, and itemize as noted. Enter Net Income (Loss) before depreciation.

d. Part III—Personnel data Self-explanatory.

e. Part IV—School-Age Programs. Enter data on each of the four programs (if offered).

f. Part V—Utilization data. Self-explanatory.

g. Part VI—Training Enter dates of training under the appropriate column.

Glossary of Terms

Acute illness

An illness with a sudden onset lasting a limited period of time. (days to weeks).

Alternative child care

On and off–post child care programs and services which augment and support CDC and FCC Home programs to increase the availability of child care for military and Department of Defense civilian employees (for instance, resources and referral service, parent co–ops, off–post consortium or interagency initiatives).

Alternative equivalency

Compensatory actions/conditions approved by HQDA and ACOM proponents which provide equivalent status/ protection to established criteria/standards

Capacity

The number of child spaces available for care within a facility, home, program, or system at any one time.

Caregiver

CDS center–based staff position responsible for providing direct services to children.

Caregiving employees

All individuals providing actual child care services to children are counted in the required adult/child ratios (such as, caregivers, program assistants, teachers)

Center–based

Refers to child care programs and personnel within centralized facilities.

Center–based setting

CDC s or Supplemental Programs housed in a centralized facility as opposed to a family housing unit.

Child

A military family member, whether natural, adopted, foster, stepchild, or ward who is 12 years of age or younger.

Child activity room

Child program areas within spaces encompassed by fire rated walls in existing facilities.

Child care

Care and supervision of children in an Army–operated or regulated setting by other than the child’s parent, guardian or blood relative. The organization providing care assumes full responsibility for the children’s health, safety, and well-being in loco parentis.

Child care hour

One child under care for one hour.

Child Development Center

A centralized installation facility or part of a facility used for one or more child development programs.

Child Development Services

Army–operated or regulated CDC, FCC Home, and SPS delivery systems with provisions for full–day, part–day, and hourly program services as required to address the unique child care needs of military and eligible civilian families.

Child Development Services coordinator

A professionally qualified educator and administrator (1701 classification series) responsible for coordinating and monitoring all Army–operated or regulated CDS programs.

Child Development Services program

Any child care option within one of the CDS Delivery Systems.

Child Development Services resource and referral service

SPS essential service that provides information about child care services on and off–post to meet each patron’s unique child care needs. Service assists patrons with child care arrangements prior to new duty assignments.

Child Development Services volunteers

Individuals donating services accepted by CDS for which the persons donating such services receive no present or future salary, wages, or related benefits as payments.

Communicable disease

An illness due to a specific infectious agent or its toxic products which arises through transmission of that agent or its products from an infected person, animal, or inanimate reservoir to a susceptible host, either directly or indirectly through an intermediate plant or animal host, vector, to the inanimate environment.

Comparable services

Equivalent care requirements such as, adult/child ratios, group sizes and child age group categories, program types; staff qualifications and training requirements; and meal services according to USDA guidelines.

Delivery system

Provision of child care services through a designated organizational structure of CDCs, FCC Homes, or SPS.

Developmental programming

Personnel management practices, facilities, age-appropriate equipment, materials, and experiences designed to promote the social, emotional, physical, and cognitive development of children and enhances school readiness. Activities include child-initiated as well as adult-directed activities regardless of the length of time in care.

Early childhood

Encompasses growth and development of children birth through 8 years of age or third grade.

Evacuation crib

Standard size metal crib which has been modified with large wheels to facilitate removal of infants and young toddlers from activity rooms/modules during emergency situations.

Excess demand

The number of children whose parents (military and civilian) request child care in any Army CDS operated or sponsored program for whom no viable care is available. Children may be receiving care in one program (hourly care, part-day care) and still be considered an excess demand for another program type (such as, full-day care).

Excess demand waiting list

This list reflects the excess demand for child care. It includes the names of children waiting for care who are not currently enrolled in a viable child care option in any installation child care system (CDC, FCC, SPS). Children move from the excess demand waiting list to the preference for care subwaiting list when parents either accept care in a location or type of care which is not their preferred care option or decline a viable care option and choose to wait for their preferred care option.

Facility

A building, structure, or other improvement to real property.

Family Care Plan

A document that outlines the person(s) who will provide care for the military member's children, disabled, elderly and or other family member(s) dependent upon the member for financial, medical, or logistical support in the absence of the member due to military duty. The plan outlines the legal, medical, logistical, educational, monetary, and religious arrangement for the care of the member's family.

Family child care home

An authorized family housing unit, other than the child's home, in which a family member provides child care to one or more unrelated children on a regular basis.

Family child care outreach worker

A professionally qualified educator and administrator (1701 classification series) who is responsible for the oversight of a maximum of 40 FCC Homes. Works under the direct supervision of the FCC Director.

Family child care provider

A family member who has been certified by CDS to provide child care to one or more unrelated children on a regular basis in an authorized family housing unit.

Full-day program

Center-based developmental services for children 6 weeks–5 years, that meet the needs of working parents requiring child care on a regularly scheduled daily basis (5 to 12 hours per day).

Handicapped child

Any child who has a physical or mental impairment that substantially limits one or more life activities, has a record of such an impairment, or is regarded as having such an impairment.

Hourly care program

Center-based developmental services for children 6 weeks through 12 years, that meet the needs of parents requiring short-term child care on an intermittent basis.

Infant

A child 6 weeks through 12 months of age.

Installation

A military installation is equivalent to a military community in foreign countries.

Mainstreaming

Integration of special needs children into usual child activity room/module or FCC Home with minimal program adaptations.

Management personnel

CDS Coordinator, Program Operations Specialist, Center and Program Directors, SPS Director, FCC Director, FCC Outreach Worker(s). Training and curriculum specialist(s), Assistant Program Director(s), Food Service Manager or other professionally qualified persons having CDS monitoring or oversight responsibilities. (This does not include lead teachers, program assistants, caregivers or clerical personnel.)

Medication

Medication is that which is prescribed by a physician.

Military family member

An individual whose relationship to the sponsor authorizes entitlement to treatment in a medical facility of military services.

Mixed age group

A group of children in a child development program drawn from more than one child age group category.

Module

Child program areas within spaces encompassed by 1-hour fire rated walls in existing facilities.

Multi-age family child care homes

FCC Homes authorized to provide services to one or more unrelated children from 4 weeks through 12 years in regulated age-group configurations.

National Academy of Early Childhood Programs

A division of the NAEYC that administers an early childhood program accreditation process designed to set the standards of excellence in early childhood education.

Newborn

A child from birth through 5 weeks of age.

Operational Capacity

Adjusted baseline capacity to meet demand for care, rightsize the program, and support program need.

Panic hardware

Consists of a door catching assembly incorporating a device which releases the latch upon the application of a force in the direction of exit travel and does not require use of hands.

Parent

The biological father or mother of a child; a person who, by order of a court of competent jurisdiction, has been declared the father or mother of a child by adoption; the legal guardian of a child; or a person in whose household a child resides, provided that such person stands in loco parentis to that child and contributes at least one-half of the child's support.

Parent co-ops

Low cost SPS program established to provide care for children whose parents are available to participate in the operation and management of this care option in return for free or reduced cost child care.

Part-day child care

Care to meet the needs of parents working outside the home who require child care services for children (6 weeks–12 years old) on a seasonal or regularly scheduled part-day basis for fewer than 5 hours per day, (such as, parents may be employed or enrolled in an educational program part time, or may be employed as shift workers).

Part-day programs

Programs that meet the needs of parents requiring child care on a regularly scheduled basis (less than 5 hours per day). These include, but are not limited to part-day child care (ages 6 weeks–12 years old), PDSA care (enrolled in kindergarten through sixth grade) and part-day programs for children ages 3–5. Kindergarten programs may operate more than 5 hours per day, but will be still be considered less than a full-day program.

Preference for care

The system (CDC, FCC, SPS), location (such as, subcommunity, specific center, specific FCC home) and type (full-day, part-day, special needs) of care in which parents want to enroll their children.

Preschool

A center-based component of the part-day program that offers time intensive, regularly scheduled developmental experiences for children ages 3 through 5, for 4 hours or less per day. May be provided as a separate program or incorporated as a segment of the preschool-age component in full-day programs. Program content and resource allocation for separate preschool part-day program and full-day preschool age service will be comparable.

Preschool age

Children 37 months through 5 years of age, not attending kindergarten.

Pretoddler

A child 13 through 24 months of age.

Primary caregiving employees

Regulatory scheduled full-time and part-time employees assigned on a consistent basis to specific groups of children within full-day and part-day programs.

Program assistant

CDS center-based staff position responsible for providing direct child care services to children.

Projected demand subwaiting list

The projected demand subwaiting list includes unborn children and children transferring to the installation. Children on this list are not reported as excess demand.

Quarters-based

Refers to child care services provided within family housing units located on a military installation or in Government-controlled housing off the installation.

Ratio Cluster

Primary caregiver and assigned ratio of children.

Regulatory proponent

Agencies at HQDA, ACOM, and installation levels responsible for establishing and enforcing CDS standards in the areas of fire, health and nutrition, safety, developmental programming, facilities and child abuse.

Relative

Family members to include grandparents, in-laws, siblings over age 13, and other extended family members residing on Government-controlled property.

Remote exit

A fire exit which opens to the exterior of the building. This exit must be within 100 feet from the occupied room/ activity space door and within 150 feet from any point in the facility.

Remote site

An installation without most normally available services, that has 500 or fewer active duty personnel, is over 1 hour commuting time from an installation with full support services, and is more than 1 hour from an urban area with a population center of 50,000 or more which can provide American style facilities and services.

Rescue equipment

Aerial ladder trucks or portable ladders capable of reaching and serving as a means of evacuation for occupants above ground level.

Respite/emergency care

Short-term hourly care in respite situations such as, parents need time away from children as part of an overall treatment plan for the parent, or for emergency care situations such as, children left at center after closing hours. May be provided in a FCC Home or CDC setting.

School-age children

Children aged 6 years through 12, or attending kindergarten through sixth grade, enrolled in a school-age service.

Short-term alternative child care

Optional SPS program that provides on-site hourly group child care when the parents or guardian of all children in care are attending the same function in the facility.

Small installation

For CDS purposes, any installation whose CDS operation ADA is less than 100.

Special interest programs

Child care services provided by Army activities other than CDS to meet unique patron care requirements related to these activities and not available through CDS operated programs such as, chaplain sponsored preschool.

Special needs children

Children who are identified by the CDS Coordinator and the appropriate medical, educational, or social service authority as having unique requirements in child care settings.

Statement of work

A document that describes accurately the essential program and technical requirements for items, materials, or services including the standards used to determine whether the requirements have been met.

Structural changes

Removal of walls, doors, flooring, and major construction work. Does not include such items as adding safety latches, fencing and so forth.

Subsidy Assistance Program

Direct and or indirect APF support provided to FCC providers as authorized under the provisions of the MCCA.

Supplemental programs and services homes

Private homes located off-post and operated by family members to provide child care services to Army patrons under an agreement between the Army and the State/county or host nation appropriate agency.

Support personnel

Operations clerk(s) receptionist, food service worker(s), custodial worker or other persons specifically designated to have administrative and program support responsibilities.

Surge care

Requirement for a large number of hourly care slots at the same time. Occurs on an occasional basis.

Teacher

A professionally qualified educator (1710 classification series) with training and experience in early childhood education.

Toddler

Children 25 through 36 months of age.

Total Family Income

TFI includes all military and civilian earned income by both spouses: earned income such as wages, salaries, tips, long-term disability benefits, voluntary salary deferrals, retirement or other pension income, and so forth, before deductions for taxes, social security, and so forth; quarters, subsistence and other allowances appropriate for the rank and status of military and civilian personnel whether received in cash or in kind; and anything else of value, even if not taxable, that was received. TFI does not include variable housing allowance and COLA received in high cost areas or alimony and child support and is documented using DD Form 2652.

Training and Curriculum Specialist

A professionally qualified educator (1701 classification series) responsible for training and technical assistance in quality assurance to minimize the risk of institutional child abuse. Does not have direct supervisory responsibilities for oversight of direct services personnel and is not counted in the adult/child ratios.

Unauthorized child care

Child care in Government-owned or leased facilities or family housing units located on a military installation which is provided by a person who is not in compliance with AR 608-10.

Volunteer child care in unit setting

Optional SPS program that enables free child care services to be provided by family members in one military unit or organization for family members in another military unit or organization (or within the same military unit or organization) in exchange for similar services at a future, mutually agreed upon time.

Waiting list

List of children waiting for an Army operated or sponsored child care space and whose parents have requested space in a child development program and none is available are considered excess demand. Reportable waiting list data is based only on the excess demand waiting list. The preference for care and projected demand subwaiting lists are internal installation lists used for local management and planning purposes.

Waiver

Temporary conditions approved by HQDA which partially compensate for noncompliance with established standards for a specified period of time. Reportable by installations and ACOMs to HQDA.

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